TENDING PHYSICIAN. The low

HOSPITAL

etained by the hospital or attending physician

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	0	7	4	7	
REG	NO							

U	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	The second secon
T	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3	Joseph	ı W	Abbott	MAY	8 1979 1045 A
	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 H
L	Male	Can	12 8 1897	J. YRS	
75	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
	PA	0 S.A.	WIDOWED DIVORCED	BALTO.	Co.
00	Dundalk	1915 Crafton	IG HOME OR OTHER INSTITUTION ADDRESS) AVE •	120 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING COal Miner	(LIFE) 126. KIND OF BUSINESS INDUSTRY
3.5		r OTHER INSTITUTION, GIVE RESIDENCE BEFORE NITY 131. CITY OR IOW.	N 13d. INSIDE CITY LIMITS?	1915 Crafton	Ave.,21222
3	William H. Ab	bott LAST	Martha	WEDDIE	England
1	160 WAS DECEASED EVER IN U.S. AR	F WAP OR DATES!		ADDRESS	
	NO	210-01-0	0130   Margaret H	arenchar , sa	APPROXIMATE INTERVAL
, colonial de la colo	my .	CONDITIONS, CONTRIBUTING TO C	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (	YES, WERE FINDINGS USED
2	TIFIC			YES NOW	TIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)
T SAN T	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
SH 51 - 7 11	saw the deceased alive are above. (1) (ye) (did) (did)	ital) attended the deceased fram	79, and that in (my) (aur) opinion	death occurred an the date and h	
	226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE OF	P Dayano	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 5-8-19
	DAVID	D. ZAJANO	mp 6 foo moi	ENINATOR R	P. DUNDALK
	230 BURIAL, CREMATION, REMOVAL (SPEC#Y) Burial		orn Cemetery	West Bethle	ehem, Penna.
	24. FUNERAL DIRECTOR	7		TE REC'D. BY REGISTRAR 256. REG	
	******	ADDRESS			May McCreody

DHMH - 16 50M 7/77 (VR A 15 (4))

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO HOSPITAL

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With interior of the control of the control of the control of the medical examiner in the medical examiner is a marked or them 18 shows any injury, or other troumatic event, the medical examiner 6

## age 4 moy be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after deal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10748	7	9	_	1	0	7	4	8
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		CERTIFICATE OF DEATH	REG. NO		0140
1. DECEASED NAME FIRST (TYPE OR PRINT) Anna	Mae ADAMS	LAST	May 23, 19		2b. HOUR 1:15P
3. SEX	4 RACE	5. DATE OF BIRTH MONTH 6/13/35 YEAR	6 AGE IN YEARS LAST BIRT	MONTHS DAYS	
78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  Off 10	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Raltimo	re County	
ROSS VILLE	FRANKLI	N 38	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS
USUAL RESIDENCE (IF NURSING HOME I36 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 134. CITY OR TO BALTO MIDDLE	WN 134. INSIDE CITY LIMITS?	- 6919 V	WIVERS 177	DR
JOSEPH	MODLE ROLS	IS MOTHER'S MAIDEN N	MIDDLE M.	CORIE	AST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	REWAR OR OATES) 166 SOCIAL SEC 21332		C. ADAM	- 4	BOVE
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		D DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONI	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
	216. TIME OF INJURY HOUR A.M. MONTH (		JRRED (ENTER NATURE OF INJUR	YES 🗀	NO 🗆
	R) P.M.	19			
GRECONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DECENDANCE CAUSE OF DECEND	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOW	VN COUNTY	STATE
AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pit   Agreem   23 the deceased from	Apr 23 19 79 ond that in (not) (our) opinion	n death occurred on the do	19 79 ote and hour and from the	, that (we) e couses stated E SIGNED
22e.1 certify that of (this has saw the deceased alive obove. 1 (did) (did) 12.5 SAN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pit   Agreem   23 the deceased from	Apr 23 19 79 ond that in (no) (our) opinion  DEGREE  ATTENDING PHYSICIAN  170 ADDRESS	n death occurred on the do	19 79 Die and hour and from the	, that (we) e couses stated E SIGNED
270.1 certify that of (this has saw the deceased alive obove. It is find to the same obove. It is say that the same obove. It is say the same obove. It is say that the same obove. It is say that the same obove.	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  PITMATURE 23 the deceased from The body office death  1 Son MD  1236. DATE  236.	Apr 23 19 79  Apr 23 19 79  To and that in (16) (our) opinion  DEGREE  ATTENDING PHYSICIAN  120 ADDRESS 9000 Frank  NAME OF CEMETERY OF CREMATORY  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN	May 23 on death occurred on the do  MEDICAL STAF DIRECTOR PHYSIC	ote and hour and from the real state of the	, that N (we) e couses stated E SIGNED 23/7

DHMH-16 20M {VRA 15, 4} 7/78

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1979

REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.	3-10	1 7 0	
I DECEASED NAME (TYPE OR PRINT)	CATHE		M		ALBERT			MONTH 5	14 79	26 HOUR 1:35	P
			111.				4.405		IF UNDER 1 YEA		٨
Female		Whit	ce ce	Sept	DAY	1891	6 AGE (IN YEARS LAST BIR	YRS	MONTHS DAY		MIN.
BIRTHPLACE (STATE O COUNTRY)  Maryland		6 CITIZEN OF			D NEVER	MARRIED	Baltimo Baltimo				MI
Towson	DEATH	Greate	r Balt	URSING HOME C	R OTHER IN		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	F WORKING	126. KIND INDUSTR Own	OF BUSINESS Y Home	_
USUAL RESIDENCE (IFN 130. STATE Md •	IURSING HOME OR 134 COUN		13c CITY OF		YES 💢	NO 🗌	13e STREET ADDRESS 2330 Pic	kwic	k Road	1	
William	n "	Munn	i khuj	rsen	13. MOTHER	rs maiden name First Ella	WE		Gove	ast <b>P</b>	
160 WAS DECEASED EV	ER IN U.S. ARA	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDRI	.55			
(YES, NOOR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	217-2	24-6140	Mr.	James	Lyon III		Sar	ne	
18 CAUSE OF DE	ATH Enter onl	v ane cause pe						_	APPRO	DXIMATE INTERVA	AL E ATH
PART I. DEATH	WASCALISED	RV		ve cereb	ral he	morrhage	2		9 da		
	oting the use lost	(c)		SEOUENCE OF	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION (	GIVEN IN PART	110	
AND DATE OF OPER	RATION	196 COND	ITION FOR V	VHICH OPERATION	N WAS PERF	ORMED	200 AUTOPSY?	IN CER	TES, WERE FIND TIFYING CAUSE YES X		?
OR COLUMNICATION	CAUSE OF DEAT			H DAY YEAR	21c. HOW	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8, PART 1 OR PART 2)		
(IF EITHER, NOT IFY ME  21d. INJURY OCCU  WHILE NOT  AT WORK AT	URRED T WHILE WORK		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCAT	70	CITY OR TO	,	COUNTY	STATI	E
220.1 certify that sow the dece above, (1) (we	(1) (this hospite cosed alive on (did) (did not	May	14	70	ay 5 nd that in (m)	. 19 /9 (aut) apinion o	to May I		our and from th	, that (1) (we le couses state	
22b. SIGNATURE	rgure	+XI	Nes	m Mi	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	F IAN 💢		-15-79	
77d. PHYSICIAN'S	ME (TYPE OR	PRINT)			22e ADDRE						
	rgaret		son, M				harles St.	Tows	on, Md.	21204	
230. BURIAL, CREMATIO (SPECIFY) Buria	N, REMOVAL	236. DATE 5/17/	79	Christ	Chur		23d LOCATION CITY OR TOWN	Hill	COUNTY	Md .	

Sons Co. 21212

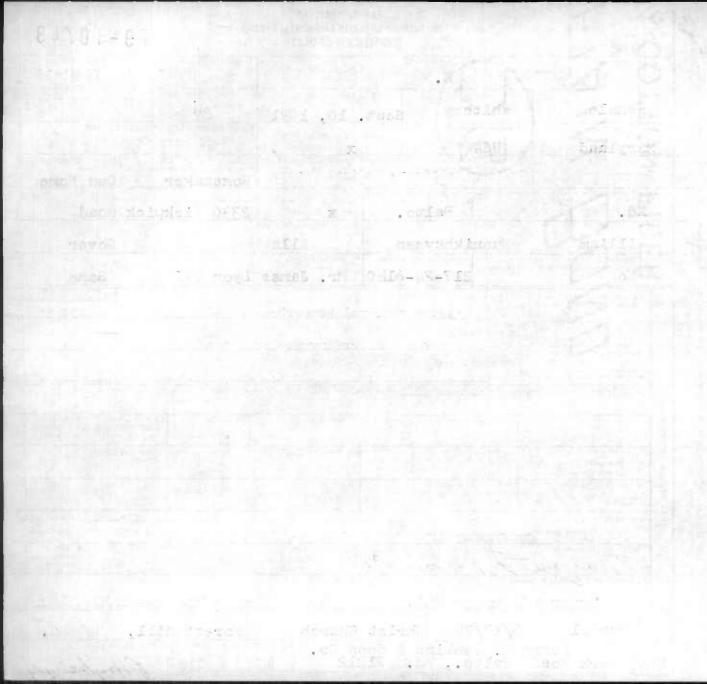
should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld be filled in by the funeral director, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORIANT: If them 21 is marked at Item 18 shaws any injury, or other traumatic event, the medical examiner must be natified at once. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR
4905 York

York Road Balto., Md.



### TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL UNESPACE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU FOR FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRESTON STRE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP\_\_\_\_\_\_ DHMH - 17 (VR A15 ME (5)) 30M 7/73 FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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RFC:	M()					

		REGISTRAR		141161	DICAL ENA	MILLARY 3	CENTILI	LAIL O	DEATH	R	EG. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST			OF EST	NN MONTH	DAY YEAR	26. HOUR
			MILDRE	D	W		ALBER	T		EATH MAT	ED 7/12	161979	SPM
	3. SEX		4 RACE	DATE OF BIRTH		BIRTHDAY) MON	NDER 1 YR.	IF UNDER 2		DATE	MONTH	DAY YEAR	2d. HOUR
		EMALE	WHITE	July 3	10 6	YRS.	0.110			DEAD	11/24	6 1979	5PM
K		RTHPLACE IST	ATE OR	16 CITIZEN OF WI	HAT COUNTRY?		RIED KNE	VER MARRIE	D 🗆 9. B.	ALTIMORE	CITY OR COUN	TY OF DEATH	
9	10 (7)	TY OR TOWN C	2	02	7		WED 🗆	DIVORCE		19470	1. Co	2017	MD.
5					CILITY, GIVE STREET AD	DRESS)		IION	FOR MOST	OF WORKING LI	N (TYPE OF WORK	12b. KIND OF B OR INDUS	TRY
		TOWSON	IF IN NURSING HOME OR	ST OTHER INSTITUTION GI			ITAL		1400.	364/1	FC		
5	13a. S1	TATE ME	136 SOUNT		13c. CITY OR TO		13d. INSIDE (I	NO &	13e STREET	ADDRESS	DUM	图 21	284
30	14 FA	HOUSE NAME	1100	MIDDLE	NHITTL	•		ER'S MAIDEN	NAME	MIDDLE	BUNGER	LAST	
1		AS DECEASED	EVER IN U.S. ARM			CURITY NO.	17. INFORA	TAANT		AD	DRESS	-	
		NO		-	215-10-	YAPS A	WACTE	RACE	100.1	7191	ENNELL	HV/D	スノグライ
			DEATH (Enter anly		(b), and (	(1)		21		4		APPROXIMA	TE INTERVAL
		PARTIDE		CAUSE (a)	'al	dea	-	142	715	/		Suda	len .
		4 Continued	s, if any, which	DUE TO, OF	AS A SONSTOLL	ENCE OF	0	. ,	n	(		xta	
		gave rise	e ta immediate	(b)	Les	rera	130	ed	84-	200	20	7	0
n		lying caus	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUE	NCE OF	0					0	
		PART 2 OTHER SIG	NIFICANT CONDITIONS CO	NTRIBILTING TO OFATN	BUT NOT PELATED TO 1	HE TERMINAL OICEA	CONOLUNIO	N CINEN IN DAR	T 1 (-)				
	Z	T ANT E OTHER STO	The state of the s	MINIBOTINO TO GENTA	BOT HO! REEXIED TO	DE TERMINAL DISEA	SE OK CONDITION	N GIVEN IN PAK	1 1 (0),				
	ATIC	19a. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH	OPERATION V	VAS PERFOR	MED?				28 AUTOPS	Y?
d	LIFE	18.30										YES 🗆	NOD
2	CERTIFICATION	210 EXTERNA	print.	216. TIME OF	FINJURY	VEAD 21c. H	OW INJURY	OCCURRED	ENTER NATUR	RE OF INJURY IN	ITEM 18 PART 1 OR PA	ART 2)	
	CAL	UNDERLYING CONTRIBUTIN	OR G CAUSE OF DE			19							
	MEDICAL	21d. INJURY O		21e PLACE C	OF INJURY (AT HOTORY, FARM, ETC.)		CATION		cm	Y OR TOWN		PINITY	STATE
	2	AT WORK	NOT WHILE		Sit, tamin, Ereij		J. T. L.		CII	7 OK 10 WIV		ONT	SIAIL
		22s. 1 certif	y that I taak charge	af the remains des	cribed abave, held	dan Autar	osy 🔲	Inspection	☑. In	nquiry .	and in my a	pinian	
		death resulte	Fram Patura	I causes	Accident .	Suicide	] Hamic			ned manner		1	,
1		/	011	25	7-	01	TITLE (S	PECIFY)				11:	40
		SIGNATURE	grace	07-01	Jones	uly,	A.D. Dej	Will	MEDICAL	EXAMINER	DATE		27
2		EXAMINER'S N (TYPE OR PRIN	NAME CHAR	eces F.	2 Dow	Were	ADDRESS	7501	You	火港	, 212	:04	
	23a.BL	IRIAL, CREMAT	ION,REMOVAL 236	DATE	23c. NAME C	OF CEMETERY	OR CREMATO	ORY	23d. LOCAT	ION	16 cou	INTY	STATE
	1	DURIM	L 16	MAY /	1 GREE	N NE	van C	en.	75190	150.1	VID.		
	24. FL	INERAL DIRECT	OR L	ADDRESS	Bur. 1	185 71	206	25c. DATE RI	EC'D. BY REC	SISTRAR 25	REGISTRAR'S	SIGNATURE	
	0	4 4/19	HOWEKI	CHOWIG	MICIO.	The one	- Ja-	MAY	0 10	70	P.L	hall	1.

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or otherding physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the medical exam

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	1-	FOR STATE		DEPARTN		EALTH AND MENTAL HYG	IENE	79-	1075	51
ш		REGISTRAR					REG. N			
4		CE ASED NAME OR PRINT)	FIRST	WIDGE	L	AST /	20. DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR
1	(		111:06		A	- lexander		5 /	79	45 M
	3. SEX	(	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
		T	N		MONTH		8-7	YRS.	NTHS DAYS	HOURS MIN
	7a BIF	RTHPLACE STATE OR FORE	EIGN 76 CITIZEN O	WHAT COUNTRY?	8:	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
7		cotland	Cas	472	WIDOWE		Ralf:	WE COU	inte	MD.
4		TY OR TOWN OF DEATH		tland HOSPITAL NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPATI		126 KIND OF	BUSINESS OR
6		Baltimo	(R Ral	JUNE STREET	eunty	General Hospit	Chemist	F WORKING LIFE]	INDUSTRY	Toung Co
	USUA 130 S	AL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
6	9.0	arvland	Balto.	Pikesvi		YES NOTE	119 St. 1	Thomas	ane	
-		THER'S NAME	1301,000	T THESV.	1110	15. MOTHER'S MAIDEN NAM		. 12 0	CARRY	
,		FIRST	MIDDLE	LAST		FIRST	WIGDLE		LAST	
0		Willaim		Alexar		Theresa			Aller	1
		VAS DECEASED EVER IN	U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	:55		
		no	erman .	212 07 0	7799	Eleanor Alex	cander Pil	affirm	167	
1		10 CALISE OF DEATH	Enter only one cause p	or line for (a) (b) one	1 (c)				APPROXIMA RETWEEN ON	ATE INTERVAL
П		PART I. DE ATH WA	S CAUSED BY	. ()		Carline a	vvait.		BLIWEENON	ISET AIRD DEATH
		1/	MMEDIATE CAUSE (0)_	Dars m	war	carac a	11-021			
		410-	DUE TO.	OR AS A CONSEQUE	NICE OF	0			E-0.00	
		Conditions, if any,		Dest	mos	my edenia:				
		gave rise to imme		OR AS A CONSEQUE	NCE OF		/	1		
		underlying cause	last	A A GONSEOUE	Ti	m 40 Condial	Takaret	ron	172	
		PART 2 OTHER SIGNII	FICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN	VIN PART 1/51	
	Z		Text Constitutions,		-	The restriction of the restriction				
	CERTIFICATION	190 DATE OF OPERATION	ON 1196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES. V	WERE FINDING	GS USED
4	FIC							IN CERTIFYII	NG CAUSES C	OF DEATH?
1	RTI					t	YES NO	YES		NO 🗌
7		210. ACCIDENT WAS UNDER	- House	OF INJURY A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
	AL	(IF EITHER, NOTIFY MEDICAL	OSE OF DEATH	P.M.	19	Maria Cara Cara Cara Cara Cara Cara Cara				
Н	MEDICAL	21d INJURY OCCURRE		E OF INJURY		21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
91	Z	WHILE AT WORK AT WORK	E (AT HOME,	STREET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE	CITY OR TO	VN	COUNTY	STATE
	5.1		his haspital) attended	the deceased from	00	-30 10 7	9 5	10	79 11	not (I) (we) fost
н	75.7	saw the deceased	, ,	19	79 0	nd that in (my) (our) apinian	death occurred on the d	ate and haur a		450
ч		abave, (1) (we) (dia	d) (did nat) view the boo	ly after death.	( )					
Ħ		226. SIGNATURE	1/	. 1		DEGREE ATTENDING	MEDICAL STA	cc	220 DATE ST	To
	-34	-tou-	nan pri	any	KE J. D.	PHYSICIAN	DIRECTOR PHYSIC		15/11	19
E		22d PHYSICIAN'S NAM	AE (TYPE OR PRINT)	11-	A 755	22e ADDRESS		1	, /	2
1		Tou-	-NAN H	LIAN 9		Baltimore a	county Gene	al Ho	spital	
	73n B	SURIAL, CREMATION, RE	EMOVAL 23b. DATE	73, N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		1	
	(5	SPECIFY					CITY OR TOWN		YINUC	STATE
	04.51	burial	5-2-	/9	t The	mas Cemeter v	Stevens			aryland
	24 FL	JNERAL DIRECTOR	CONTRACTOR OF THE PARTY OF THE	ADDRESS			E REC'D. BY REGISTRAR	Z3B. REGISTRA	K S SIGNATU	KE
		Frank H.	Newell. in	. Pikesv	:177e.	MAN.	/ 3 1070	P.L	hono	

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## TO HOSPITAL DEFINITION OF PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

DHMH-16 20M (VRA 15, 4) 7/78

### STATE OF MARYLAND

	1.	- STATE REGISTRAR	DEI ARIM	CERTIFICATE OF DEATH	REG. NO.	0132
		ECEASED NAME FIRST E ON PRINT) M N R G A	RET H	ALLEN		3 79 308
	3. SE	F	4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR  8 1 1913	6 AGE IN YEARS LAST BRITHDAY)	FUNDER I YEAR FUNDER
35	C	STATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	COUNTY
58	1	OWSOM	11. NAME OF HOSPITAL, NURSING	HOSP.	124 USUALOCCUPATION (TYPE OF WORKING LIFE  DE DT. ROGRADAGEA	12b. KIND OF BUSINES
36	130.3	5 Ma 130 B	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOWN ALTO	YES NO D	13. STREET ADDRESS A 6	reemay Rd 21
130		CHARLES E.	HOWSIER LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
1		WAS DECEASED EVER IN U.S. A [YES: 100] UNKNOWN) [IF YES, GI	RMED FORCES? VE WAR OR DATES)  160 SOCIAL SECUP  215-10-3	712 PANI	4 RECORUS	APPROXIMATE INTERV
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF ANTENNE	ice ropic HEART )	1
	HON	gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE			
9	RTIFICATION	gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUED  (c)  CONDITIONS CONTRIBUTING TO D  198. CONDITION FOR WHICH (	NCE OF  WEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES NO TO YES	EN IN PART 1101  5, WERE FINDINGS USED YING CAUSES OF DEATH S NO
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	DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4 may an ottending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral distance, e.e. or the buriol-transit permit. Then please remove corbampeers. Pages: I and 2 should be filled within 72 hours and when distance arise to buriol, cremation or removal.	

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FOR - STATE REGISTRAR

DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		G. NO. 7 S	9 -	107	5 3	
E	LAST	20. DATE OF DEA	тн мойтн	DAY	YEAR	26 HOL	JR .
	ALSRUHE	May 29,	1979			6:5	OP M
	5. DATE OF BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UN	NDER 1 YEAR	IF UNDER	24 HRS
	Sept. 7, 1903		75 YRS	MONT	HS DAYS	HOURS	MIN
T COUNTRY?	8.	9 BALTIMORE CI	TY OR COUNT	Y OF	DEATH		
١.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTI	MORE	COL	INTY		MD.
ILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION  SOURCESS)  SOURCESS	170 USUAL OCCU (TYPE OF WORK FOR M Housew	OST OF WORKING		26. KIND O NDUSTRY	F BUSINI	ESS OR
DESIDENCE BEFORE	ADMISSIONI		T) - 7 A		14.3		

DECEASED NAME (TYPE OR PRINT) SARAH G. 4 RACE 3. SEX Female White To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHA Lousiana U.S.A 10 CITY OR TOWN OF DEATH NAME OF HOSE (IF NOT IN SUCH FAC TOWSON SAINT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 13. STREET ADDRESS Balt., Md. 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1134 E. Belvedere Avenue Baltimore Maryland YES X NO. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Salvadore Tumminella Carnaggio Rose ADDRESEutherville. Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Son: (YES, NO OR UNKNOWN) 1601 Broadway Rd. 219-22-2571 Frederick J. Alsruhe No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARDIO-RESPIRATORY ARREST IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF UNKNOWN PRIMARY CARCINOMA OF METASTATIC Conditions, if any, which gove rise to immediate LESION cause (D), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED TIE PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 STATE AT WORK NOT WHILE 22a.1 certify that (XTX) this haspital) attended the deceased fram. Mav sow the deceased alive on May 29 obave. It (we) (did) Midnay view the body after death and that in (X) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 7620 York Road - Towson, Md. 21204 PEMY CHHIM. M.D. 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL COUNTY CITY OR TOWN June 1 1979 Burial New Cathedral Cem. Baltimore

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

DIRECTOR

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should be deto with the State FUNERAL

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24. FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck. Inc.

Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN 1979

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the attending physician and completely filled in by the funeral director, remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours aft

injury, ar other traumatic event, the

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial transit permit. Then please

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	19-	101	54
1. DECE	ASED NAME FIRST		WIDOLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
(TIPE OF	Wil	liam	R.	AR	DISON	May 14,	1979		7:45Pm
3 SEX		4 RACE	CV F-4F	5 DATE C		6 AGE   IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS
Ma	le	Whi	te	Apr		76	YRS	HS DAYS	HOURS MIN
	HPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
	rginia	U.S	.A.	WIDOWE		Baltimo	re Cour	nty,	MD.
10 CITY	OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
Catonsville House In. The Pines					Enginee		Mar	ine	
13a. ST.		me or other institution ounty altimor	113c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	Box 4 R	iderwo	od, l	Md.
	yland	MIDDLE	Ardiso	n	Pearl	WIDDLE	Rog	ers	51
Ida WA	AS DECEASED EVER IN U.S	ARMED FORCES	166 SOCIAL SECU		17. INFORMANT	ADDRE	SS	2	1139
No	S, NO OR UNKNOWN) (IF YE		215-18-	2517	Rose Mae An	rdison P.	D. Box	4 R	iderwoo
	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause los	DUE TO, (c)_	DRASIA CONSEOU DRASIA CONSEOU DRASIA CONSEOU	ENCE OF	ryorardites		DITION GIVEN	18	WATE INTERVAL ONSET AND DEATH
NOIL	90 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
TE						YES NO	IN CERTIFYING	G CAUSES ]	OF DEATH?
	TO ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18, PART )	OR PART 2)	
×	WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	/N (	COUNTY	STATE
	20.1 certify that (1) (this saw the deceased alivabave, (1) (2) (this) (did) (did) (did) (did)	e on may lo	2 19.7	, 01	DEGREE ATTENDING	MEDICAL STAI	F		
	Wilmer K.	Gallag			22e. ADDRESS			7-74	74

etained by the haspital or attending physicia TO HOSPITAL OR ATTENDING PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL Burial

Johnson

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Saters

STATE

23d LOCATION CHYORTOWN Balto.Go 25a. DATE REC'D, BY REGISTRAR 25b.

8521 Loch Raven Blvd MAY 1979

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> TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please for use as the burial-transit permit. Then of Health and Mental Hygiene prior to bu m 21 is morked or Item 18 shows ony

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1	FOR Items - STATE REGISTRAR-4-7	18b.	Film#G	532 DEPARTA	MENT OF H	E OF MARYL LEALTH AND LICATE OF	MENTAL HYG		g. no. 7	9 - 107	755
	ECEASED NAME	FIRST	٨	AIDDLE		AST		20 DATE OF DEA	ТН монтн	DAY YEAR	26 HOUR
Ernest T.			Ba	illy		5/10/79			3:10A M		
3. SI	Male		4 RACE WI	ite	5. DATE O		9 <b>3</b>	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
	BIRTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED [	9 BALTIMORE CO Baltin			MD
	OWSON	TH		OSPITAL, NURSIN HEACILITY, GIVE STREET, TOL N. C.				120 USUAL OCCU	SOST OF WORKIN		POF BUSINESS OR
13a.	Maryland	13P COAL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d INSIDE (	NO 🗓	13e STREET ADDR		vale Rd 2	21204
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19 P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

236 DATE

5/11/79

211 LOCATION STREET

CITY OF TOWN

/10/79 and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated

Charles St. 21204

COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 5/10/79 19 above 11 (we) (did) (de hat) view the bady after death. 22b. SIGNATL

NOT WHILE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN [

22c. DATE SIGNED

WHILE

MEDICAL

IN'S NAME (TYPE OF PRINT) J. Munoz, M.D.

GBMC. 6701 N. 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Green Mount Cemetery

23d LOCATION CITY OR TOWN Baltimore

Maryland

BP.

etoined by the hospital or attending physician

HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched with the State Dept.

MPORTANT: If he

24 FUNERAL DIRECTOR Walter Dabrowski

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

1005 Dundalk Avenue

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DHMH - 17 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
EDICAL EVAMINED/C CERTIFICATE OF BEAT	

1	1-3	FOR STATE REGISTRAR		PARTMENT OF HEAL		7	9-10756	
)	1. DEC	CEASED NAME FIRST WILLIAM		E. 2	MER	20. DATE KNOWN OF ESTI- DEATH MATED	5 13 19 PM	2015
	Ma 7a. BIF			10 69 YRS.	UNDER 1 YR. IF UNDER ONTHS DAYS HOURS  RRIED X NEVER MARRI	MIN PRONOUNCED DEAD	5 13 1974	2 1 20 2 1 20
0	Ma	ryland TY OR TOWN OF DEATH		AL, NURSING HOME, OR C	OWED DIVORC	ED Baltimo	re County E OF WORK 12b. KIND OF BUSH	MD.
0	Du	ndalk		ay Manor To	errace	Western Ele	ctric	
5	130. S1 Ma	ryland   Balt		C CITY OR TOWN  Dundalk	YES NO.	2521 Gray Ma	anor Terrac	e
30		THER'S NAME William	E.	Baker, Sr		MIDDLE Ln_	LAST	
1	NO	VAS DECEASED EVER IN U.S. ARM ES, NO. OR UNKNOWN) (IF YES, GIVE VI	AR OR DATES)	213-18-144	5 Annie A.	2521 ACTA Baker - Bal	y Manor Ter timore,MD 2	
	NO	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI  Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (ONOTIONS C	BY: C CAUSE (0)  DUE TO, OR AS A  (b)  DUE TO, OR AS A	A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN PAI	guett meta	BETWEEN ONSET AL	40 DEATH
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	20. AUTOPSY?	NO		
3	CAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	ONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 F		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY,		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2		22e. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAMET.	an O'S	ed obove, held an Auticide I Suicide I	M.D. Inspection	Undetermined monner	DATE 5/13/. Balto., Md.	79 2022
	23a. Bt	JRIAL, CREMATION, REMOVAL 23  Burial	5/17/79	234. NAME OF CEMETERS	OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Baltimore,	Baltimore, M	D D
	24. FU	JNERAL DIRECTOR Duda- 7922 Wise Ave	Ruck In	c.	25e. DATE F	5 1979 REGISTRAR BY REGISTRAR	STRANSSIMMATURE	

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	1	1	FOR		E OF MARYLAND EALTH AND MENTAL HY	GIENE		
	11	1-	STATE REGISTRAR		R'S CERTIFICATE OF	and the same	REG. NO. 9 -	10757
DE .	*425		CEASED NAME FIRST WALTER	BEN	BALCER	26. DATE KN OF I DEATH M	ESTI-	DAY YEAR 25 HOUR
LAY IS MECESSARY PIEA	10 THE POST FOR POST POST POST POST POST POST POST POST	N	RTHPLACE (STATE OR 76. CIT REIGN COUNTRY)  TY OR OWN OF DEATH  11. NA	DAY YEAR LAST BIRTHDAY  1 7 62 YRS  IZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRONOUNCE DEAD  9. BALTIMO  10. BALTIMO  20. USUAL OCCUPATION MOST OF WORKING	5 - RECITY OR COUNT timore	DAY YEAR 24 HOUR 19 79 P M Y OF DEATH COUNTY MD. 126 KIND OF BUSINESS OR INDUSTRY
7. 21201 H. IF ANY DE	2, AND 3 3. RETAIL SHOULD AL RECOR	13a. S	Md. Baltin	nore Baltimon	13d INSIDE CITY LIMITS? 13d	30. STREET ADDRESS	ingley	Road
TIMORE, MU	THE FORM PM CGES 1 AND SION OF VITAL	16a. V	FIRST MIDDLE  AS DECEASED EVER IN U.S. ARMED FOI  S, NO, OR UNKNOWN) IF YES, GIVE WAR OR D.	RCES? 166. SOCIAL SECURITY	ak Sophie	y Jane S	ADDRESS To. Y ra K	LAST
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ON OF V	TING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	
DIVISI HIS CERT	IE, WRITING DRWARDED TO REAGE 3 SHC STATE DEPAI 21201 PRIOR	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	cou	NTY STATE
MEDICAL EXAMINER: T	EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW TO FUNKRAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	-20	22a. I certify that I taak charge of the death resulted fram: Matural couse ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		Autopsy , Inspection , ide , Hamicide , TITLE (SPECIFY)	Undetermined mann	DATE	5/5/79 Salf 2122
	P	L '	INERAL DIRECTOR	8-79 Pak La	etery or crematory wn Cemetery ten And 250. Date rec	23d. LOCATION CITY OF TOWN DO 1 to my	COUNTY BOLLE	onature state
	1 A15 ME (5)) 15M 7/77	/Y	cholds 1. 10 ccr	Baltime!	a May	7 1979	troban 1	Crissing

FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10758

	REGISTRAR		CENTIFICATE OF DEATH	REG. NO		
I DE	ECEASED NAME FIRST	WIDDIE	LAST	2a. DATE OF DEATH		OUR
{TYP	Frank	J.	Balger	5/14/79	2:	40P
3 SE		YOUNGE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI		DER 24 HRS
	Tyale	white	12-30-1908	70	MONTHS DAYS HOUR	S MIN
108	TRYMPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUN	TRY? 8 MARRIED THEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
	enneybranes	U.S.A.	WIDOWED DIVORCED	Baltimore	County	М
10. C	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	USUAL OCCUPATION OF WORK FOR MOST OF		INESS O
1	owson	GBMC, 6701 N.		Mentcull	Logica Sogie	tel
130	STATE 131 COUNTY	ROTHER INSTITUTION GIVE RESIDENCE NTY 13. PITY OR	BEFORE ADMISSION) TOWN 13d INSIDE CHY LIMITS? YES NO	130 STREET ADDRESS	titia leve 2	112.
14. F.	Saul Saul	MIDDLE Balass	gor lacker	NAME MIDDLE	LAST	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO HINFORMANT	ADDRE	SS	2/1
	he -	217-0.	1-6538 Marie J	: Balger	2003 Letitia	G
	18. CAUSE OF DEATH (Enter or				APPROXIMATE IN BETWEEN ONSET	NTERVAL
	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (a) Lymphom	atosis Hodgkins type	е		
	2019	DUE TO, OR AS A CONS	EQUENCE OF			
	Conditions, if any, which	( b)				
	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF			
	PARTA OTHER SIGNIFICANT	(c)	TO DEATH BUT NOT RELATED TO THE TER		TION CHIEN BY BARY 1	
NO	PART 2. OTHER SIGNIFICANT	LONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	OHION GIVEN IN PART 110	
IFICATI	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS U	
H	April, 1979	Jaundi	ce	YES NO	IN CERTIFYING CAUSES OF DE	
CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE		19			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	n COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITTORION	COUNT	STATE
	22a.1 certify that (I) (this hosp	tal) attended the deceased fr	om5/5/79, 19		79, 19, that (I	(we) lo
	sow the demond above or	5/1/4/79	19, and that in (my) (our) opinio	on death accurred on the do	ite and haur and from the causes	stated
	22b. SIGNATURE	Til Cody digit decim	DEGREE		22t. DATE SIGNI	ED
	Juny	LIV	ATTENDING PHYSICIAN			79
1	22d. PHYSICIAN'S NAME (TO C	(R PRINT)	22e ADDRESS			
	DR. JUAN J	. MUNOZ	CD1/C (707	N CI 3 C		
	טווים סטתווי ס		GRMC 6701	N. Charles S	t. 21204	
23n	BURIAL CREMATION REMOVAL	23h DATE	CIL NAME OF CEMEIERY CIRCREMATERS			
	BURIAL CREMATION, REMOVAL	23b. DATE 17-	Da Ra Alones and Cremator	Of CITY OR TOWN	COUNTY T	STATE
_		23b. DATE 1479	Therdownedge here.	Ph Dorsey	COUNTY THE 256 REGISTRAR'S SIGNATURE	STATE
_	aureal.	23b. DATE 1979	Therdownedge here	Ph Dorsey	hy	STATE

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and co-minery fillent in the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 frameting the liver with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	1	1		
	/	2	0	
/	-	~		

within 24 hours after

executed

requires that the death certificate be

ITENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the hospital or attending physician

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-	10	7.5	9
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	R						ICATE OF DEAT			REG. NO.	•			
	(TYPE OR		AKA: Margare	SARAH <sup>®</sup> I t Sar			ALL ALL		_	1, 197	79	DAY YEAR	26. HOUR 1:40	)p
	3 SEX	emale	1	White		5. DATE C MONTH Sept	DAY 1	YEAR 920	6 AGE (IN YEA		YRS	FUNDER I YEAR	HOURS A	MIN
75	COUP	HPLACE (STATE OR FO		U.S.A		MARRIES WIDOWE	NEVER MARR	RIED [	Baltimos Balt	imore	COUNTY			,
57		ortown of DEA	лн (1).	NAME OF HOSP (IF NOT IN SUCH FACE Frankl:	LITY, GIVE STREET	ADDRESS)	PROTHER INSTITUT	ЮN	12a USUAL O (TYPE OF WORK Adm.		ORKING LIFE	E) INDUSTRY	Adm	
	Mar Mar	yland	136 COUNTY Balto	13c. 0	RESIDENCE BEFORE CITY OR TOWI arkvil	N	134 INSIDE CITY LI YES 🔀 NO				larfo	ord Ro	1.	
130	E	er's NAME FIRST Ugene	н о	. Ko	erner,		15 MOTHER'S MAI		ΑĒ	MIDDLE		Gra		
1	160 WA IYES. N		IN U.S. ARME (IF YES, GIVE WA	AR OR DATES)	SOCIAL SECUI 1-10-5		Daniel	Р.	Ball.	6709		d Harf	ord	
		, , , , , , , , , , , , , , , , , , , ,	lost.	( Ic)		NCE OF								_
		ART 2 OTHER SIGN	NIFICANT COM	NDITIONS CONTR		DEATH BUT	NOT RELATED TO T		INAL DISEASE	PSY?	Ob. IF YES	, WERE FINDI	NGS USED	
2	CERTIFICATION	a DATE OF OPERAT	NIFICANT COM	19b. CONDITION 21b. TIME OF INJ HOUR A.M.	FOR WHICH	OPERATION		D	200 AUTO	NO NO	206. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED	?
29	MEDICAL CERTIFICATION	a DATE OF OPERAT	NIFICANT CON  ION  DERLYING  AUSE OF DEATH ALL EXAMINER)  RED	196. CONDITION	URY MONTH DA	OPERATION  AY YEAR  19	N WAS PERFORMED	D	200 AUTO	NO NO	206. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED	
	MEDICAL CERTIFICATION	a DATE OF OPERAT	DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital)	196. CONDITION  216. TIME OF INJ HOUR A.M. P.M.  216. PLACE OF IN (AT HOME, STREET, FA	URY MONTH DA	OPERATION  AY YEAR  19  ARM. ETC.)	21c HOW INJURY 211 LOCATION STREET 20 19 10 that in my (our)	OCCURR  70 opinion d	200 AUTO YES ED (ENTERNAT	PSY?  NOW  URE OF INJURY II  CITY OR TOWN  y 31  on the date	206. IF YES N CERTIFY YES NITEM TO, PA	COUNTY	NGS USED OF DEATH! NO STATI	re e) lo
29	MEDICAL CERTIFICATION	a DATE OF OPERAT    a ACCIDENT WAS UNCO   OR CONTRIBUTING   C   IF ETHER, NOTHY MEDIC.    INJURY OCCURR  WHILE NOT WY  AT WO   C extrify that (1)  Sow the decease obove   I we   (6)	DERLYING ALSE OF DEATH AL EXAMINER)  (this hospital)  AME (TYPE OR PR	196. CONDITION  216. TIME OF INJ HOUR A.M. P.M.  216. PLACE OF IN (AT HOME. STREET, FA	URY MONTH DA	OPERATION  AY YEAR  19  ARM. ETC.)	21c HOW INJURY 211 LOCATION STREET 20 19 10 that in my (our)	OCCURR  70  Opinion d  Opinion d	20g AUTO YES  ED (ENTERNAT  To Ma death occurred  MEDICAL DIRECTOR	PSY?  NO DI  URE OF INJURY II  CITY OR TOWN  on the date  STAFF  PHYSICIA	YES ON THE TO, PA	county  19 79  r ond from the	NGS USED OF DEATH! NO  STATIL that we couses state SIGNED	re e) l ed

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Balto.,

Md.

DHMH-16 20M (VRA 15, 4) 7/78

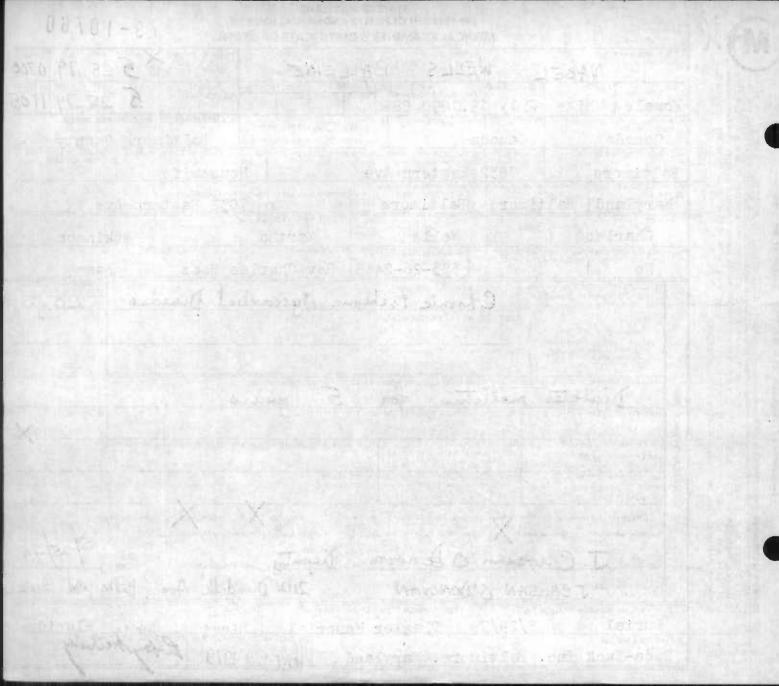
6009 Harford Rd.

DHMH - 17 (VR A15 ME (5)) 15M 7/77

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	APPLICATE EVALUATION OF CONTINUE OF CONTIN
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEAT

79-10760

		REGISTRAR		MED	ICAL EXAMI	MEK 2 C	EKHILICA	TIE OF	DEATH	REG. NO.			
		CEASED NAME	FIRST		MIDDLE		AST		20. DAT	E KNOWN	MONTH	DAY YEAR	26 HOUR
		E OR PRINT)	MABEI	_ WE	ELLS		LEIN			H MATED	3	25 1979	0700
	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF	UNDER 24		TE	MONTH	DAY YEAR	2d HOUR
	Fe	emale	White	July 19		RS.	DATS	OURS MI	DE		5	25,019	11105
		RTHPLACE (ST.	ATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MADDIE	D NEVE	AAADDIED	9. BALT	IMORE CITY OF	COUNT	TY OF DEATH	
2		Canada		Canada		WIDOW	D 🔯	DIVORCED		Baltimo		County	MD.
0	Ba	al timo	re	7832	PITAL, NURSING HOW HUTY, GIVE STREET ADDRESS Eastern	Ave	R INSTITUTIO	N  126	FOR MOST OF W	UPATION (TYPE ( FORKING LIFE)  WIFE	OF WORK	OR INDUST	
5	130. S	TATE LATY LATE	13b COUNT	rather institution, give	Baltimo		YES T	LIMITS?   13a	STREET ADD	Easter	n A	ve	
9	14_FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN	NAME	MIDGLE		LAST	
26		Char	les	Misote	Wells			rtha		MIDGLE	At	kinson	
1	16a W	AS DECEASED	EVER IN U.S. ARA		166 SOCIAL SECUR	CONTRACT OF	17. INFORMA	NT		ADDRESS			
		No			353-26-	2446	Rev	Char	les Bo	oaz		Same	
		Canditian gave ris cause (a) lying caus	IMMEDIAT  s, if any, which the tall immediate stating the <u>underselast</u> .	E CAUSE (o)	AS A CONSEQUENCE	E OF	ic M	your	dial	Disea	20	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	Z	PART 2 OTHER SIG	inficant conditions of	ONTRIBUTING TO DEATH BU	INOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GI						
	CATIC	19a. DATE OF	(001	196. CONDITI	ON FOR WHICH OP	ERATION WA	S PERFORME	DI)	003			20. AUTOPSY	?
54	TIF											YES 🗆	MON
533	3	21a EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY O WHILE AT WORK	OR IG CAUSE OF D	P.M.	INJURY MONTH DAY YE.  19 FINJURY (ATHOME,  19 ORY, FARM, ETC.)	21f. LOC		CCURRED (5	CITY OR	INJURY IN ITEM 18 PA	COU		STATE
		220. I certify death resulte ACTUAL SIGNATURE		af the remains described causes		Autaps: Suicide ,	Hamicide		Inquir Indetermined	manner ,	DATE SIGNE	5/25	179
34	-	EXAMINER'S N (TYPE OR PRIN		SSAN B'	DONOVAN		DDRESS 2	112 D	undalk	Ave.	Bal	te., md.	2/222
	24. FL	Buria	TOR	5/29/79 Baltim	3	er Me	moria	DATE REC	Miami D. BY REGISTI	T	COUN	Flor	ida_
	-		7110	· TOTAL OTHER	ore o Light	y Lail		ANY ?	11113	7	-		



BP. **DHMH-17** (VR A15 ME (5))

15M 7/76

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70	1	0	7	C	
7 RE NO.	L	U	1	U	

	1 - 5	OR STATE REGISTRAR		MEC	PEPARTMENT OF H	ER'S C	ERTIFICATE O	F DEATH	7RE9 NO.	107	61	
7		EASED NAME OR PRINT)	JAM	ES	WALKER		BARNES	Cont	OF ESTI- EATH MATED	5	2 19 79	A HOUR
		male	4 RACE white	0 10	YEAR 1939 39 YRS	() MONTH	DER I YR. IF UNDER	MIN PROM	DATE NOUNCED DEAD	монтн <b>5</b>	2 19 79	3:45 a.m
5	P	enna.		USA		WIDOW		ED X	Baltimo:	re Cou	unty	MD.
0	T	owson		Rt 695/we	PITAL, NURSING HOME, CHLITY, GIVE STREET ADDRESS)  St of Balto	.Har		FOR MOST C	OCCUPATION (TYPE OF WORKING LIFE)  Pres.	100	Am. Ba	nking
5	USUA 13a ST M	ATE	(IF IN HURSING HOME O 13b. COUN' Balto	TY	residence before admission $Towson$	N)	13d. INSIDE CITY LIMITS? YES NO		Allegh	any A	Statio Ave.	nary
30		THER'S NAME FIRST	21711	liam F	Barnes		Belinda		Ophelia	N	Morton	
1		AS DECEASE	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY		17. INFORMANT		ADDRESS		Dri	
	N	0		-	198-30-29	999	Mr. Geor	ge W.	Barnes,	4606		
	フ	PARTIDE Condition gave ri	IMMEDIAT  ons, if any, which se to immediate stating the under-	DUE TO, OR	far (a), (b), and (c).)  **Itiple visc  AS A CONSEQUENCE C	)F	and skele	tal in	juries		APPROXIMATE BETWEEN ONSET	AND DEATH
	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT RELATED TO THE TERMI	NAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).				
1	CERTIFICATION	19s. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION W	AS PERFORMED?				20 AUTOPSY?	NO 🗆
3 60	MEDICAL CER	UNDERLYING CONTRIBUTI 21d. INJURY (	NG CAUSE OF I	DEATH 3: XXXX	MONTH DAY YEAR	dr 21f. LO	civer in au CATION STREET  595/west of	to/true	ck collis	ion	atv.	STATE MD
03			fy that I taak charg	e of the remains des	Accident X, Sui	Autop cide		n . In Undetermin	nquiry , and , and , and manner ,	d in my apin	nian	2/79
2		SIGNATURE EXAMINER'S (TYPE OR PRI	NAME VI	irginia L	Dolan, M.I	^ ).	1.0.	MEDICAL	reet, Bal	signed.		
	(S	JRIAL, CREMA PECIFY)  Tema JNERAL DIRECT	tion CTOR	5/7/79	Westvi W. Padon:	ew (	Crematory 25a. DAJE	23d LOCAT CITY OR TO Balt RECD. BY REC	timore SISTRAR 256	COUNT	Maryl	and

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anding physician and campletely filled in by the funeral techbonpopers. Pages 1 and 2 should be filed within 72 h, or removal.

attending physician

should be detoched for use as the burrol-transit permit. Then please remove c with the State Dept. of Health and Mental Hygrene prior to burial, crematian,

IMPORTANT: If them 21 is morked or them 18 sho

TO FUNERAL DIRECTOR After this certificate has been

retained by the hospital or attending

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10762

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.19	101	0 2	
	EASED NAME	ARY		NN BA	RNES	AST	20 DATE OF DEATH	19	79	1 2 HO	45 <sub>P</sub> 1
3 SEX	Female		CAUCA	SUAN	S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS	R 24 HRS MIN
COL	THPLACE (STATE OR FO		USA	WHAT COUNTRY	MARRIE		9 BALTO	_	F DEATH		MD.
	BALTO	1	GRE	ATER" BY	LTO 1	MED CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ( Housewi	OF WORKING LIFE	126 KIND C INDUSTRY Own-I		
13a ST	MD	Hari	TY	Bel A1	VN	13d INSIDE CITY LIMITS?	130 ST 9050 RO	CKSPRI	ING R	D	
	Alex		IDDLE	Nagy		Rose	WIDDLE		unkno		
	AS DECEASED EVER S, NO OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	182-16		Janice B	arnes (da			THE S	18 #
	Conditions, if ony, gove rise to imm couse io stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAL 1970	dedicte g the last	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT	D CA BREAST	MINAL DISEASE OR CON 200 AUTÓPSY?	20b. IF YES, N		NGS USE	TH?
MEDICAL O	21g, ACCIDENT WAS UND OR CONTRIBUTING COME CONTRIBUTING COME COME COME COME COME COME COME COME	AUSE OF DEAL AL EXAMINER) RED (this hospen d olive on a	21b. TIME OI HOUR A./ P./ 21e PLACE C (AT HOME, STR	F INJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET  , 19 70 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN ( ADDRESS 6701 N	city OR TO  19 death occurred on the d  MEDICAL STA DIRECTOR PHYSIC	wn . 19 late and haur o	78, and from the	that (I) (causes st	(we) lost toted
23a. BU	IRIAL, CREMATION,		23b. DATE	236	NAME OF C	6701 N	CHARLES S		.TO 21		TATE
E	Surial VERAL DIRECTOR	Flem	5/23/ ling	ADDRESS	athe	999		on Lac	ckawa		Pa.

DHMH - 16 60M 1/75

BP.

(VRA 15 (4))

3-1 the series of th MATERIAL TO A POST OF THE PARTY TRAFBU AD GETAMINED IS 7013811 43-1-21 21 21 21 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, posshould be detacked for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other froumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

### FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10763

	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO.	10100			
	DECEASED NAME FIRS		ton Barrett	Jr.	May 19, 19	25. HOUR 8 a. M			
3	Male	4 RACE Whit	e S DATE O	cch 26,1911	6 AGE (IN YEARS LAST BIRTHDAY)  68  YRS	IF LINDER LYEAR IF LINDER 24 HRS			
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.	S.A. WIDOWE		Baltimore County  MD.				
	Reisterstown	11923	0		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORK FOR WORK				
13	Md. B	alto.	GIVE RESIDENCE BEFORE ADMISSION) 13( CITY OR TOWN Reisterstown	YES NO X	13e STREET ADDRESS 11923 Tarragor	n Rd., Apt. H			
L	FATHERS NAME William	Milton	Barrett	IS MOTHER'S MAIDEN NAME FIRST Ann	MIDDLE	Sapp			
161	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) Yes	S ARMED FORCES? ES, GIVE WAR OR DATES) WW II	223-18-8687	Mildred Brad	174 Shropshin Ley Reisterstown.	, Md. 21136			
	18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY EDIATE CAUSE (a)  DUE TO, O  the te DUE TO, O	RAS A CONSEQUENCE OF	l Inforct	tion	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH  24ks  104ss			
CEDTIEICATION	PART 2 OTHER SIGNIFIC	CUA	TON FOR WHICH OPERATIO	N WAS PERFORMED	YES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
MEDICAL CE	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA.  21d INJURY OCCURRED	OF DEATH HOUR A. MINER) P.  21e PLACE	M. MONTH DAY YEAR M. 19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, I	COUNTY STATE			
	720.1 certify that (1) (this	hospital) attended the verget and the body.  When the body.  The or provided the body.  The or provided the body.	e deceased from, or ofter death. 19, or O	ATTENDING PHYSICIAN S	death accurred an the date and has	19 that (I) (we) last			
23	BURIAL, CREMATION, REMO (SPECIFY)  Burial	May 2		nts Cemetery	Reisterstown,				
24	Illian Sullis	not Owin	ngs Mills, Md.	MA DAT	FREC'D. BY REGISTRAR 256. ROSIS	rey Mc Cready			

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physician

1979-14 - 6 0.	HE WALL	. The	referenti — em	12.5mm mm.2.5	
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M. The section	900 AL 100 P. Daniel		nenzonni se l'	Fel to	199
Market Land				and £156 n	milli

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O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detacked for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. MAPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

### STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10764

							KEG. NO				
T	DECEASED NAME FIRST		MIDDLE	l	AST	2a DATE	OF DEATH M	NONTH D.	AY YEAR	2b. HOU	
L	KATHRY								3,1979	2:	40 <u>A</u> M
3		4 RACE	EST NET	5. DATE C		6 AGE (IN	YEARS LAST BIRTHE		ONTHS DAYS	IF UNDER	24 HRS
L	3	W		Apr	13, DAY 1947 YEAR		32	YRS	ON INS	HOURS	MILL
17	BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	3	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH		
	Delaware	. USA	3 - 1 - 1	WIDOWE		BA	LTIMO	RE			MD.
1	O CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION		L OCCUPATIO		126 KIND O	F BUSINE	ESSOR
1	TOWSON	GREAT	ER BALTO	.ME	DICAL CENT		Lecre		Law P	ract	ice.
1	JSUAL RESIDENCE (IF NURSING HOME OR 130, STATE 131, COUN		GIVE RESIDENCE BEFORE A	DMISSION)	13d INSIDE CITY LIMITS	13e STREE	antra entra	, ,			
1		11ex	Laurel	Carl	YES X NO		(entra	Lilve	•		
1	1 FATHER'S NAME	AIDDLE	• LAST		15. MOTHER'S MAIDEN		MIDDLE		ŁA51	T	
1	Jesse 9.	W	heatley		Shirley	L		(onwa	L Del		
10	60 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURI		17 INFORMANT	0 "				19950	5
L	no		221 30 30	45	Mrs. Shirle	4 (. WI	heatley	1705	(entra	LAV	e.
Г	18 CAUSE OF DEATH (Enter onl	y one couse per	line for (o), (b), and (	C 1					BETWEEN	MATE INTER	DEATH
	PART I. DEATH WAS CAUSED		CARDIAC	RESF	PIRATORY A	RREST		37.1			
Г	1459	DUE TO O	R AS A CONSEQUEN	CE OF							
ŀ	Conditions, if any, which	( ib)_	METASTAT	10 0	CARCINOMA						
П	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUEN	CF OF	BAY A DOMEST	17.77		F (A)	1404		* 1
	underlying couse lost	(c)	EXTENSIV	E OF	RAL CAVITY	CARCI	NOMA				
I	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	ASE OR COND	ITION GIVE	N IN PART 110	) 1	
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING										
	NO DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YES,	WERE FINDIN	IGS USE	0 1
I						YES 🗆	NO	YES		NO [	
		21b. TIME C	FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCC	URRED (ENTER )	NATURE OF INJURY	IN TEM 18, PA	KTT OKPANT 2)		
П	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		M.	19							100
Н	OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE	OF INJURY	AA ETC \	211 LOCATION		CITY OR TOWN		COUNTY	ST	TATE
	WHILE AT WORK AT WORK	(Arriome, on	OF INJURY REET, FACTORY, OFFICE, FAR AP	RIL							
1	22a.1 certify that X (this haspit	ol) ottended th		XXX	27 19 7	9 . to M	AY 13	, 1	9_79	that (h (s	we) lost
	sow the deceosed alive so above, (A(we) (did) (did A)	MAY 1	offer death	<b>9</b> , or	nd that in (my) (our) opinion	on deoth occur	red on the dot	e and hour	ond from the	couses sto	oted
L	226. SIGNATURE	/	1/		DEGREE			,	22c DATE	SIGNED	
	V Junuu	1-1	1101	m	2 DI ATTENDING		R PHYSICIA		51	13/	179
1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	0	4 0	22e. ADDRESS				-	-	-
	/ / SIMI	ny	CUA,	MI	6701 N.	CHARL	ES STI	REET	21204	F	
2	30. BURIAL CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF C	EMETERY OR CREMATOR	Y 23d LOC	CATION		COUNTY	STA	ATE
1	burial	5/16/	79 Odd	Fel	Lows Cemeter	1	aurel	Su	Max	Dala	lich o
2	4 FUNERAL DIRECTOR		ADDRESS		250. D	TE REC'D. BY	REGISTRAR 25	Sh. REGISTR	AR'S SIGNATI	URE	ource:
	Homer L. Dish	aroon b	ox 678 Lau	rel	Delaware	MAY 1 6	1979	fir,	Gry Ma	Urson	4

DHMH - 16 50M 1/76 (VR A 15 (4))

MAY 13, 1979 2: FORM

1,

BALTIHORE

GREATER CALTO, MEDICAL CENTER

CARDIAC RESPIRATORY ARREST

METASTATIC CARCINONA

EXTENSIVE ORML CAVITY CARCINOMA

6701 N. GWALES STREET 21206

deoth certificate

TENDING PHYSICIAN The

TO HOSPITA

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	N 7	Q	quart	1	0	7	6	5
REG	NO			- 9	0		-	

	REGISTRAR					CAIE OF DEATH	REC	5. NO. J	. 101	
I DE	CEASED NAME EORPRINT)	FREDEF		C		TTON SR	MAY 8	, 1979	OAY YEAR	10:10
3 SE	x Male		White		S DATE O	ember 1,1892	6 AGE (IN YEARS LAS	T BIRTHOAY)	MONTHS DAYS	
C	Maryland		U.S.A		WIDOWE		BALTIMORE CIT	ORE CO	OUNTY	
	OWSON	EATH 11.		JOSEPH		PITAL	Construction			of BUSINESS er
USU 134	aresidence if Nu aryland	RSING HOME OR OTH	IER INSTITUTION,	GIVE RESIDENCE BEFORE	re le	136 INSIDE CITY LIMITS?	130. SEREET 200 PE	feetwoo	d Ave	
14. F/	ATHER'S NAME William	n Midd	DLE	Batto	n	is mother's maiden N. Liydia	AME	LE	? "	AST
	WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes	R IN U.S. ARMED (# YES, GIVE WAI WW 1		215-07-09		17 INFORMANT Mrs Marie		DORESS		Same
	Conditions, if on gove rise to in couse (a), state underlying cau	nmediote ing the	DUE TO, OI	R AS A CONSEQUE	NCE OF C	DVANCED XX RDIOVASCUL HRONIC OBS	TRUCTIVE	SE PULM <b>¢</b>	NARY	
CATION	gove rise to in couse (a), stat underlying cau	nmediote ring the se last	DUE TO, OI	R AS A CONSEQUE DISEASE ONTRIBUTING TO D	NCE OF C WIT	RDIOVASCUL, HRONIC OBS H PNEUMONI NOT RELATED TO THE TER	TRUCTIVE	PULME ONDITION G	ES, WERE FIND	INGS USED
DICAL CERTIFICATION	gove rise to in couse (a), stol underlying course (b). The course (a) and course (b) and course	mediate (many the se lost)  GNIFICANT CON  ATION  NDERLYING []  CAUSE OF DEATH (CAUSE OF DEATH	DUE TO, OI  (c) I  NDITIONS CC  19b. CONDI  21b. TIME O  HOUR A.	R AS A CONSEQUE DISEASE ONTRIBUTING TO D ITION FOR WHICH ( OF INJURY M. MONTH DA M.	NCE OF C WIT	HRONIC OBS H PNEUMONI NOT RELATED TO THE TER. N WAS PERFORMED	IRUCTIVE  A  MINAL DISEASE OR C  200 AUTOPSY?  YES □ NO	PULME ONDITION G	ES, WERE FIND IFYING CAUSE YES	INGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTEGLIST CON  ATION  NDERLYING COUNTY  CAUSE OF DEATH ICAL EXAMINER)  RRED  WHILE COUNTY INTEGLIST  ORK	DUE TO, OI  (c) I  NDITIONS CC  19b. CONDI  21b. TIME O  HOUR A.,  P.,  21a. PLACE ( (AT HOME, STR	R AS A CONSEQUE  DISEASE  ONTRIBUTING TO D  ITION FOR WHICH (  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.)	HRONIC OBS H PNEUMONI NOT RELATED TO THE TER. N WAS PERFORMED  211 HOW INJURY OCCUI 211 LOCATION STREET	TRUCTIVE  A  WINAL DISEASE OR C  200 AUTOPSY?  YES   NOTE    RED (ENTER NATURE OF	PULME ONDITION G	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH? NO
	GOVE rise to in couse to in couse to in couse to in stot underlying courselving courselving DART 2 OTHER SIGN OR CONTRIBUTING CHETITHER, NOTHYMED 214 INJURY OCCU WHILE NOTHYMED 270 I certify thous sow the december of the country of	INTEGRATED  WHILE  CAUSE OF DEATH  ICALEXAMINER)  RRED  WHILE  WHILE  (Ithis hospitol)  seed of up on  (did) (addison vii	DUE TO, OI  (c)	R AS A CONSEQUE  DISEASE  ONTRIBUTING TO D  ITION FOR WHICH OF INJURY M. MONTH DA  M. OF INJURY REET, FACTORY, OFFICE, FACTOR	NCE OF C WIT	HRONIC OBS H PNEUMONI NOT RELATED TO THE TER. N WAS PERFORMED  211 LOCATION STREET  29 19 29 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	PRUCTIVE A    200 AUTOPSY?   YES   NO     RRED (ENTER NATURE OF     10 May     deoth accurred on the     DIRECTOR   PH	PULME ONDITION G  10b. IF YI IN CERT IN CERT IN TEM 18  R TOWN  STAFF YSICIAN	ES, WERE FIND IFYING CAUSE YES  PART 1 OR PART 2)  COUNTY  19  272. DATI 05/0	INGS USED S OF DEATH?

DHMH-16 20M (VRA 15, 4) 7/7B

should be detached for use as the buriol-transit permit. Then please remove carbonpopers, Pages 1 and 2 should be filed within 72 hours with the Store Oper of Health and Mental Hygiene prior to buriol, cremation, or removal.

24 FUNERAL DIRECTOR

ADDRESS Leonard J Ruck Inc. Baltimore, Maryland

MAY 1 0

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Will always up to send up to sent yet.

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TIME!

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

death Page 4 may be

#### STATE OF MARYLAND

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NO.	1	u	-		ш	1	h	r
NO.	- 1	J		1	U	6	U	6

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH		-10766
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 25 HOUR
HELEN	VIRGINIA	BENNETT	5/30/1979	2:00 PM
3 SEX	4. RACE	5. DATE OF BIRTH		FUNDER LYEAR FUNDER 24 HRS
Female	White	9/22/1909 YEAR	69 YRS	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
W. Virginia	U.S.A.	WIDOWED DIVORCED	Baltimore Co	IND.
10. CITY OR TOWN OF DEATH Fullerton	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE  528 Old HC	SING HOME OR OTHER INSTITUTION EET ADDRESS) OME Rd. 21206	(TYPE OF WORK FOR MOST OF WORKING LIFE)	PARTIES OF BUSINESS OR INDUSTRY Education
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COL Maryland Bal	OR OTHER INSTITUTION GIVE RESIDENCE BEFULLY OR TO	ORE ADMISSION) THE THIS DE CITY LIMBS? TON THE THIS DE CITY LIMBS?	13. STREET ADDRESS 4720 Mawani	Rd. 21206
Lemeon Ell	sworth Benne	15 MOTHER'S MAIDEN NA	ME HIDDER	Adams
THE WAS DECEASED EVER IN U.S. A	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN		VeaderSame a	s 13e
	DUE TO, OR ACTOR OF CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	lman and isla	PART TIE
THE DATE OF OPERATION  THE DATE OF OPERATION  THE MICHIGANI WAS UNDESCRIBED.	THE CONDITION FOR WHICE	CH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
the second secon		DAY YEAR 19	RED JENNER HATURE OF PHUREY PATENCE NA	The state of the s
THE STORY MEDICAL KAAMMED  THE STORY MEDICAL KAAMMED  THE STORY MEDICAL KAAMMED  THE STORY MEDICAL KAAMMED  AT WORK	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, STEEL	CITY OF FOWN	COUNTY STATE
274 Ferrify that (I) (this hote says the decemed live of says in live) (stall (didn') 274 SIGNATURE)  274 PHYSICIAN'S NAME (TYPE)	oot view/trat Godf after (leath A	DEGREE ATTENDING PHYSICIAN 1	death accurred on the date and hour of the section	one from the course stated.  121. DATE FIGNED 79
230 BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	23b. DATE 236 5/31/1979	Green Mount	Baltimore,	Md.

Balto., Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

74 FUNERAL DIRECTOR
Walter Brooks Bradley Inc.

TO FUNERAL DIRECTOR

Marin .	1
7,	1.0

completely filled in by the funeral director, page 3 . I and 2 should be filed within 72 hours after death

FOR

- STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	0	7	6	7
DEC	NIC					

250 DATE REC'D. BY REGISTRAR 231 REGISTRAR 5 SANAD RE MAY 1 4 1979

	REGISTRAR				CERTIF	ICATE OF DEA	AIH	REG. NO	5.			
	CEASED NAME	FIRST	-	MIDDLE	ı	AST			MONTH	DAY YEAR	26 HOUR	-
(TYPE	SAM	VEL			BE	RER.		5 /3	5/7	79	43	3 PM
3 SE			4 RACE		5. DATE C		VEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24	
	MALE		WHIT	E	AUG	. 16, 18	384	94	YRS	MONTHS DAYS	HOURS N	MIN.
7a BI	RTHPLACE (STATE OF FO	DREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MAI	nnico 🗍	9 BALTIMORE CITY O				
	RUSSIA		US.	A	WIDOWE		RCED	BALTIMO	RE C	COUNTY		MD.
	ITY OR TOWN OF DEA	TH	11. NAME OF		SING HOME C	ROTHER INSTITU	JTION	120 USUAL OCCUPATE			F BUSINESS	
	PIKESVIL	LE	(IF NOT IN SUC	PIKESV	TELE NU	RSING HO	)ME	MANUFACT	ŬŔĬŃ	G CLOT	HING	
13c. 5	AL RESIDENCE (IF NURS STATE MARYLAND	13b. COUN BA	OTHER INSTITUTION.	131. CITY OR TO BALT		13d. INSIDE CITY	XXX?	13° STREET ADDRESS SMOKE	TREE	RD. #2	21208	
14 FA	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S M			man.			
	UNKNOWN		MIDDLE	BERER		FIRS		UNKNOWN		(AS	.1	
	WAS DECEASED EVER			166 SOCIAL SE		17 INFORMANT	JOSI	EPH OMANS			1000	
(	YES, HOO UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	264-8	4-6960	25 S.	CALVI	ERT ST.	#212	202		
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (n) (h)	and (c	1	0	1 1.		APPROX	MATE INTERVAL	AL THE
	PART I. DEATH W	'AS CAUSE	D BY.	arm	I me	readul	in	Linchen		J.	R	M.L.T.
	16.	IMMEDIAI	E CAUSE (0)	COUNT	0	CV- V 000 C	1	700000		-		
	710-		DUE TO, OI	R AS A CONSE	DUENCE OF	OVD-				20	Hys	_
100	Conditions, if ony,	nediote	(b)								7	
	underlying couse		DUE TO, OI	R AS A CONSE	DUENCE OF					E24 (1579)		
			(c)									_
z	PART 2 OTHER SIGN	MIFICANTO	ONDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO	THE TERM!	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	0	
CERTIFICATION	19a DATE OF OPERAT	ION	TIAL CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORM		Tag- AUTORSV3	1205 IE V	res, were finding	IOS USED	
FIC/	198 DATE OF OPERA	2/1	A THE CONDI	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CER	TIFYING CAUSES	OF DEATH?	?
RT		IWI	1 200 200 200	r hilling.		In none		YES NO		YES	ио 🗌	
	OR CONTRIBUTING		TH HOUR A.		DAY YEAR	ZIC HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	8, PART 1 OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.1		19				15,1			
AED	21d INJURY OCCURE		21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	IN ,	COUNTY	STATE	E
	AT WORK AT WO	RK				1.1.1			1	^ A		
	22a I certify that (I)	(this hospit	tol) ottended the	e deceased from	m	6/4	19		5/5	19 19	that (I) (we)	) lost
	sow the decease above, (I) (we) (c	d olive on,	yiew the body	after death.	14. or	d that in (my) (ou	ir) opinion d	leath occurred on the do	te and h	our and from the	couses state	d
0.0	226. SIGNATURE		0	11	1	DEGREE	100	N. E. C.		The DATE	SIGNED	-
	RIN	mil	L Tel	uni	of P	PHY PHY		MEDICAL STAF		5/8	179	
	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT	6	11.	22e ADDRESS	r pai	CC CALLATT	-11	mich		
	UKMAN	RILE	TEL	MAMOR	UR.	6610	Choi	S COUNT	ILI	1340		
23c. E	BURIAL, CREMATION SPECIFY) BURIAL	REMOVAL	MAY 7	, 1979	BNAI I	SRAEL	MATORY	BALTIMOR	Е	COUNTMARY	LAND	

LEVINSON & BROS., INC

6010 REISTERSTOWN RD., BALTO., MD 21215

BP

retained by the haspital

OR ATTENDING PHYSICIAN: The

attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cor should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical e

# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

BP. DHMH - 16 25M

(VR A 15 (4) ) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10768

FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	160
1. DECEASED NAME FIRST (TYPE OR PRINT)	Katherine	Berg	20. DATE OF DEATH MONTH 5-15-	
3.SEX Female	4. RACE White	S DATE OF BIRTH  9-14-1886  YEAR	92 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	Baltimore Cou	inty M
Baltimore	4124 E. Joppa	a Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Dairy Farm	126 KIND OF BUSINESS OF INDUSTRY  Berg Farm
13a. STATE 13b. COL	or other institution, give residence before unity 13% CITY OR TOW Perry Ha	ALL YES NO E	STREET ADDRESS 4124 E. Joppa	Road
Henry	Winkler Winkler	Catherine	MIDDLE	Myers
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	-4309 Leo J. Be		a Road  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
PART 2: OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b IF YES	S, WERE FINDINGS USED TYPE CAUSES OF DEATH?
OR CONTRIBUTING   CAUSE OF		21c. HOW INJURY OCCU	YES NO TENTEM 18, F	S NO NO PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE	218. PLACE OF INJURY (AT HOME, STREET, FACTOM, OFFICE,		CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this has	spital) attended the deceased from on on one of the body atter death.	7 and that in (my) (sur-opinio	n death occurred on the data and hou	or and from the causes stated
	BIK JR MD	77e ADDRESS	MRFORDRL	21234
23a BURIAL, CREMATION, REMOV	716	name of cemetery or cremators t. Joseph Ch.Ce	m. Fuller torBal	
24. FUNERAL DIRECTOR Lassahn Fune	ral Home 7401	Belair Road MAY	21 1979 Arthur	McCree .

27-71-7			211000	THE WHAT
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rection to service				al misses
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Bend armol Hill			dd or	
	and the state of			
hour . Total	PERSONAL PROPERTY.	Digot deal	-5.13	
		Sec. Pr.		
400 - 00 - 00				
				ADALY V
				A SALES

Items #18a-22a Film G531 5/23/79 STATE OF MARYLAND

83101-0 Control Section (Call Line Branch F 

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Pag

retained by the haspital ar attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

# STATE OF MARYLAND

10770

		REGISTRAR		CERTIFIC	ALTH AND MENTAL H	REG.	19-11	
		CEASED NAME FIRST OR PRINT) NELL	IE E.	BEST		2a. DATE OF DEATH	5-18	YEAR 26 HOUR 6
	3 SE)	F	WHITE	5. DATE OF	BIRTH DAY 18 P	6 AGE (IN YEARS LAST 8	YRS	
ot onc	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) MD.	U.S. A.	MARRIED		BAL	to Co	unty
5 Chiffee	~	BALTO . Co.	11. NAME OF HOSPITAL, NUI	EN.	HOSP.	TYPE OF WORK FOR MOST		RETIRE
ar most b	13a. S	MD. B	PROTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR T 4L70	Water Street	3d. INSIDE CITY LIMITS? YES NO P	- 130 STREET ADDRESS	ANTED	RD.
exomine		THER'S NAME  WM . F	MIDDLE MYER	5	S. MOTHER'S MAIDEN I	MIODLE	M	ARSH.
medica		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL S VE WAR OR DATES) 219-18	- 9999	MRS. MILD.	RED GUZIN	SKI PEN	DRAGON OT.
ijury, ar at	NO		CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TE	RMIN AL DISEASE OR CO	NDITION GIVEN II	LDART 1/-
ony ir	CATI	ARTERIOSCIE	196 CONDITION FOR WH		TR DISEASES	CHLONIC DIFFUSE 200 AUTOPSY?	20b. IF YES, WE	REFINDINGS USED
shaws any ir	ERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFY INC	RE FINDINGS USED CAUSES OF DEATH?
or Hem 18 shaws any ir	DICAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	WAS PERFORMED  THE HOW INJURY OCC	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES URY IN ITEM 18, PART 1	THE LUNG UNE THE FINDINGS USED G CAUSES OF DEATH? NO  OR PART 2]
marked ar Hem 18 shaws any ir		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR  19  FICE, FARM, ETC. 1	WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES URY IN ITEM 18, PART 1	OR PART 2)
tem 21 is marked ar them 18 shaws any ir	CAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR  19 FICE, FARM, ETC.]	WAS PERFORMED  21c. HOW INJURY OCC  211. LOCATION STREET  19	200 AUTOPSY? YES NO	10b. IF YES, WE IN CERTIFY INC YES URY IN ITEM 18, PART 1:	OUNTY STATE
TANT; If Hem 21 is marked ar Hem 18 shaws any in	CAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE  NOT WHILE  AT WORK  22a. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not obove, (1) (we) (did) (did) (did) (did not obove, (1) (we) (did) (did) (did) (did) (did not obove, (1) (we) (did) (d	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR 19 FICE, FARM, ETC.1	WAS PERFORMED  21c. HOW INJURY OCC  211. LOCATION STREET  19  that in (my) (aur) apining GREE  ATTENDING PHYSICIAN 22c. ADDRESS	VES NO LITY OR TO LITY OR LITY OR LITY OR TO LITY OR TO	170b. IF YES, WE IN CERTIFY INC YES URY IN ITEM 18, PART 11	OUNTY STATE  TYPE THOM TO SUSED  G CAUSES OF DEATH?  NO   OUNTY STATE  TYPE THOM (II (we)  I from the causes state  22. DATE SIGNED
IMPORTANT: If hem 21 is marked ar hem 18 shaws any ir	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK Sow the deceased alive as obove, (I) (we) (did) (did not seen to bove).	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR  19  FICE, FARM, ETC.]  DM  DE  M. D.	WAS PERFORMED  21c. HOW INJURY OCC  211. LOCATION STREET  19  that in (my) (aur) apining GREE  ATTENDING PHYSICIAN 22c. ADDRESS	PRED (ENTER NATURE OF IN.  CITY OR TO  MEDICAL ST  MEDICAL ST  MEDICAL PHYS  MEDICAL PHYS  MEDICAL ST  MEDICAL DIRECTOR PHYS  WEST  ANDALLS TOWN  Y 1236, LOCATION	170b. IF YES, WE IN CERTIFY INC YES URY IN ITEM 18, PART 11	OUNTY STATE  TYPE THOM TO SUSED  G CAUSES OF DEATH?  NO   OUNTY STATE  TYPE THOM (II (we)  I from the causes state  22. DATE SIGNED
MPORTANT: If Hem 21 is marked ar Hem 18 shows any in	WEDICAL MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did n) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE of CALANDO Booklando B	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR  19  FICE, FARM, ETC.]  DM  DE  M. D.	WAS PERFORMED  211. LOCATION STREET  19 that in (my) (aur) apihin GREE  ATTENDING PHYSICIAN 220 ADDRESS  BCGH-	JRRED (ENTER NATURE OF IN.  CITY OR TO  MEDICAL ST  DIRECTOR PHYS  PANDALLS TO M  23d. LOCATION  CITY OR TOWN  123d. LOCATION  CITY OR TOWN	170b. IF YES, WE IN CERTIFY INC YES URY IN ITEM 18, PART 11	OR PART 2]  OUNTY STATE  TOM THE COUNTY STATE  OUNTY STATE  TOM THE COUSES STATE  21.33

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### FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	l l	AST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
CARRO	LL D	BIRD		MAY 16,197	8:00 PM
3. SEX	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	5	3/1913	66	YRS. DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
Arkansas	U.S.A.	WIDOWE		Baltimore cou	unty MD.
10. CITY OR TOWN OF DEATH  Lutherville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: 202 E . Semi 1	nary Ave		170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR R.R. Sales Mg	
USUAL RESIDENCE (IF NURSING HOME OF ITS 136. STATE 136. COUR Baryland Ba	VIY 13c. CITY OR	TOWN TOWN Erville	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 202 E. Semina	ary Ave. 21093
Allan W.	MIDDLE Bird		15 MOTHER'S MAIDEN NA FIRST Evora	WE	Downey
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL EWAR OR DATES) - 323-07	7-7931	Jean H. Bir	d 202 E. Semir	nary Ave 21093
18 CAUSE OF DEATH LENter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) BY: TE CAUSE (a)	POXIA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS
Conditions, if any, which	DUE TO, OR AS A CONS		METASTASES		8 mos
couse (o), stating the underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF	NOMA OF	PANCREAS	± 10 mos
PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
00 000 000 000 000 000 000		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	TEM 1B, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF PORTION CONTRIBUTING CAUSE OF PORTION CONTRIBUTION CONTRIBU	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220 I certify that (i) (the base saw the deceased alive on above, (i) (we) (did) (did no	-1.	1979 . 01		to 5/16 death occurred on the date or	nd hour and from the causes stated
Donald Z.	Somwille,	n	· · · · · · · · · · · · · · · · · · ·	DIRECTOR PHYSICIAN	22c. DATE SIGNED  5/17/79
DONALD L. SOM		) <b>.</b>	26 W. Penns	ylvania Ave. 1	Towson, Md. 21204
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	5-19-79	Dulaney	Valley Mem G		ville Balto Md.
24 FUNERAL DIRECTOR NAME Mitchell-Wiedefe	ADDRE INC	6500 Yes Balto	ork Rd. 250. DA	TE REC'D. BY REGISTRAR III.	BEGSTEAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral a should be detached for use as the burial-trons permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

	FOR
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10772

	REGISTRAR					ICATE OF DEATH	REG.	NO.		
	DECEASED NAME	FIRST	MI	DDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1"	YPE OR PRINT)	WILLIAM	1	0.	BLA	NCH	MAY	24, 19	979	11:45p
3. 3	SEX	4	RACE	Reservation to	5. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DA	
	Male		White			5,1911	67	YRS		
70.	BIRTHPLACE (STATE	OR FOREIGN 7t	CITIZEN OF W	HAT COUNTRY?	8 MARRIET	D NEVER MARRIED	9 BALTIMORE CITY			
6	Maryland		U.S.		WIDOWE	DIVORCED	BALTIM			
8 10	TOWSON	DEATH 1	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A JOSEPH H	ADDRESS)	CAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Research	OF WORKING	LIFE] INDUST	
	SUAL RESIDENCE (IF STATE  Maryland	NURSING HOME OR O	OTHER INSTITUTION, G	36. CITY OR TOWN  Baltimo:	N	136 INSIDE CITY LIMITS? YES X NO _	13e STREET ADDRESS		Ave	
20	FATHER'S NAME FIRST Willia	M	NX J	Blanch		15. MOTHER'S MAIDEN NA FIRST Ruby	WE	Е	ruff	LAST
160	WAS DECEASED E	ER IN U.S. ARM		66 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		-145
4	(YES, NO OR UNKNOWN	(IF YES, GIVE V	WAR OR DATES)	213-07-	9087	Mrs Dorothy	L Blanch		Same	
	1 685 286	F	DUE TO OR	TOTAL BIRCH CHILL	ACE COLOR	pericardio m				
TAGE.		immediate toting the puse last	DUE TO, OR  (c)  ONDITIONS COL	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO		0.00	
/ Indication	gove rise to couse (a), s underlying co	immediate toting the souse last	DUE TO, OR  (c)  DINDITIONS COI	AS A CONSEQUE	DEATH BUT			20b. IF Y	ES, WERE FIN	T Troy  NDINGS USED SES OF DEATH?  NO
Cal Cepticoarion	gove rise to couse (oil), s underlying of PART 2 OTHER  19a DATE OF OP  May  21a. ACCIDENT WA	immediate total the puse last significant control to the puse last significant contro	DUE TO, OR  (c)  DIVIDITIONS COID  196. CONDIT  Per  216. TIME OF	AS A CONSEQUE  NTRIBUTING TO D  ION FOR WHICH  CICARDITI  INJURY  1. MONTH D	DEATH BUT  OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CO	20b. IF Y	ES, WERE FIN TIFYING CAU YES	NDINGS USED ISES OF DEATH?
4	90ve rise to couse (o), s underlying country of the part 2 OTHER  19a DATE OF OP  May  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCC  WHILE N	immediate toting the puse last  SIGNIFICANT CO  ERATION  24,1979  SUNDERLYING  CAUSE OF DEAT  REDICAL EXAMINER)	DUE TO, OR  (c)  DIVIDITIONS COLUMN  19b. CONDIT  Per  21b. TIME OF HOUR ALM  21e PLACE O	AS A CONSEQUE  NTRIBUTING TO DE  TON FOR WHICH  TICATOLIC  INJURY  MONTH DA	DEATH BUT  OPERATIO  LS  AY YEAR  19	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF Y IN CERT	ES, WERE FIN TIFYING CAU YES	NDINGS USED ISES OF DEATH?
4	gove rise to couse (o), s underlying country in the	immediate toting the puse last last last last last last last last	DUE TO, OR  (c)  DIVIDITIONS COI  19b. CONDIT  Per  21b. TIME OF HOUR A.M P.M  21e PLACE (AT HOME, STRE	AS A CONSEQUE  NTRIBUTING TO I  ION FOR WHICH  ICATALL  INJURY  MONTH DA  TERMINANT  FER INJURY  FER FACTORY, OFFICE, F  deceosed from	OPERATIO  S  AY YEAR  19  MAY  MAY	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES 150 NO CITY OR I	20b. IF Y IN CERT	ES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY 19 79	NDINGS USED ISES OF DEATH? NO  STATE
4	gove rise to couse (o), s underlying co underlying co underlying co underlying co underlying country and contributing (if either, notify, 21d. INJURY OCCUMULE ATWORK NOTIFY, 22d. I certify the source of the underlying contribution of the underlying country and underlying cou	immediate of the puse last significant construction and the puse last significant construction and the puse last significant construction and the puse last significant signif	DUE TO, OR  (c)  DIVIDITIONS COLUMN  19b. CONDIT  Per  21b. TIME OF HOUR A.M P.M  21c PLACE O (AT HOME, STRE	AS A CONSEQUE  NTRIBUTING TO I  ION FOR WHICH  ICATALL  INJURY  MONTH DA  TERMINANT  FER INJURY  FER FACTORY, OFFICE, F  deceosed from	OPERATIO  OPERATIO  LS  AY YEAR 19  FARM, ETC.)  MAY  79  , or	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR 21f. LOCATION STREET  14 19 79	20g AUTOPSY?  YES S NO CITY OR I  CITY OR I  death occurred on the	20b. IF Y IN CERT	ES, WERE FINTIFYING CAU YES  B, PART I OR PART COUNTY  , 19  79  0ur and from	NDINGS USED ISES OF DEATH? NO  STATE
4	gove rise to couse (o), s underlying couse (o), s underlying country of the property of the pr	immediate of the puse last significant construction and the puse last significant construction and the puse last significant construction and the puse last significant signif	DUE TO, OR  (c)  DIVIDITIONS COIL  19b. CONDIT  Per  21b. TIME OF HOUR A.M P.M  21e PLACE (AT HOME, STRE	AS A CONSEQUE  NTRIBUTING TO I  ION FOR WHICH  ICATALL  INJURY  MONTH DA  TERMINANT  FER INJURY  FER FACTORY, OFFICE, F  deceosed from	OPERATIO  OPERATIO  LS  AY YEAR 19  FARM, ETC.)  MAY  79  , or	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  14 , 19 79  nd that in (m) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO  CITY OR 1  to May 24  deoth occurred on the	20b. IF Y IN CERT IJURY IN ITEM 18 TOWN	COUNTY  19 79  1221. D  Ma	NDINGS USED ISES OF DEATH? NO 122  state that D*(we) I the couses stated ATE SIGNED y 25, 19

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached far use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

O HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the haspital

IMPORTANT: If them 21 is marked or Item 18 shaws ony

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10773

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME (TYPE OR PRINT)	EL I ZABI	ETH Ann		ECKAZ	20. DATE OF DEATH	MONTH DAY	5 79	26 HOUR
1 SEX	4 RAG	CE White	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Female  70. BIRTHPLACE (STATE ( COUNTRY)  Texas	OR FOREIGN 76 CT	TIZEN OF WHAT CO	MINITOV2 8	XNEVER MARRIED DIVORCED D	BALTO.			MD.
TOWSON	(	GBMC-670	1 N. CHA	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Home Make	OF WORKING LIFE)	12b. KIND C INDUSTRY Own	Home
USUAL RESIDENCE (IF) 130. STATE  Maryland	nursing home or other 136 COUNTY Baltim	13c. CITY	ence Before admission) OR TOWN ISON	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 8204 Ca	rrbrid	ge Cir	cle
14 FATHER'S NAME FIRST Rudo1		A. B	ender	Frances	ME		Saint	George
NO		OR DATES)	-74-8320	Raymond R.		Same as		CIMATE INTERVAL ONSET AND DEATH
	ouse lost (		TING TO DEATH BUT	NOT RELATED TO THE TERM			11,1	
190 DATE OF OPI	ERATION	196 CONDITION FO	R WHICH OPERATIO	n was performed	200. AUTOPSY?			S OF DEATH?
OR CONTRIBUTING  (IF EITHER, NOTIFY A  21d. INJURY OCC	CAUSE OF DEATH SEDICAL EXAMINER)  CURRED 2	P.M.  P.M.  P.M.  PLACE OF INJURY  (AT HOME, STREET, FACTO	NTH DAY YEAR 19	210. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY	STATE
sow the dec	t (1) (this hospital) a ceosed alive an ce) (did) (did not) view	5-25	19 79 . 0	nd that in (my) (our) apinion	to 5-25 death occurred on the c	, 1 date and hour	and from the	that (I) (we) last couses stated
22d. PHYSICIAN'	M. COLOR S NAME (TYPE OR PRINT BUERNE,			ATTENDING PHYSICIAN [	MEDICAL STA		5/	25/79
230. BURIAL, CREMATION (SPECIFY)  Burial	ON, REMOVAL 23	b. DATE ay 29,1979		EMETERY OR CREMATORY  Ct Hill Cem.	23d LOCATION CITY OF TOWN TOWSON	B	altimo	ore,Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

1050 York Road Towson, Md. 21204 Ruck Towson Funeral Home, Inc.

547'07.10 YTHUGS GT JAS TOWSON - GRAC-6761 N. CHARLES ST. effects with the second of the The second of the second secon HIT A ABDOMINAL CARCINOMATORIS 5-25 79 4-12 79 5-25 79 SENC-6701 IL CHARLES ST. L. NEBUERIE, N.D. The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician

BP\_\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pages. I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

# M A

FOR STATE YO 12 FOR OLG

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	J		-	0			

	CEASED NAME FIRST	WIDDLE	LAST		REG NO		2b. HOUR
	JACOB	XXXXXX	BOGAT		MAY 5, 19		7:50P
3 SE)		4 RACE	S. DATE OF B	IRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I YEAR	R IF UNDER 24 H
	MALE	WHITE	DECEM	BER 6, 1927	51	MONTHS DAYS	HOURS MI
7a BII	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
]	MARYLAND	U.S.A.	WIDOWED [		BALTIMOR	E COUNTY	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS (
FO:	ORT HOWARD	V. A. MEDICAL	CENTER		SALESMAN		TISING
130 S	AL RESIDENCE (IF MURSING HOME OF STATE 136 COLD	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO	OWN 113	INSIDE CITY LIMITS?	13e STREET ADDRESS	NG COURT SIP	PO 6 EBURN
14. FA	ATHER'S NAME	TPAL BIODIN	15	. MOTHER'S MAIDEN NAM	AE MIDDLE	111/11/ L	17
	50L	A- BOG	AT	RAE		MARI	yor
160 V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI		MRS PMLORRAINE			
0	YES NO OR UNKNOWN) (IF YES GIV	218 22	2 9263 C	THAMACHATA HERCO	HDBXXXXXXXXXXXXXX		
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b). D BY	. and Icl	ATERAL SCLER		BETWEEN	NONSET AND DEAT
	underlying couse lost.	(c)	OUENCE OF				
FICATION		CONDITIONS CONTRIBUTING	TO DEATH BUT NO		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
CAT	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	NAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED
CERTIFICAT	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE-	19b CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NO		200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED
CERTIFICAT	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING  19b CONDITION FOR WH  21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY	ICH OPERATION V	NAS PERFORMED  I.E. HOW INJURY OCCURR  II. LOCATION	200 AUTOPSY? YES NOTE NOTE OF INJURY	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES Y IN ITEM 18, PART 1 OR PART 2]	INGS USED IS OF DEATH?
CAT	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.	ICH OPERATION V	NAS PERFORMED  1c. HOW INJURY OCCURR	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO YIN TEM 18, PART 1 OR PART 2	INGS USED
CERTIFICAT	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b. TIME OF INJURY HOUR A.M. MONTH PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICH OPERATION V  DAY YEAR  19  ICE, FARM. ETC.)  TO DEATH BUT NO	IC HOW INJURY OCCURR	200 AUTOPSY? YES NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES THE TITLE OF PART 21 YEN THEM 18, PART 1 OF PART 21	INGS USED SOF DEATH? NO STATE
CERTIFICAT	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  220. I certify that II (this hospi sow the deceased alive on obove, (IR we) (did Management)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICH OPERATION V  DAY YEAR 19 ICE, FARM. ETC.)  DM JULY 17 9 79 , and to	It. LOCATION STREET  19 78	200 AUTOPSY? YES NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YIN ITEM 18, PART 1 OR PART 2]  N COUNTY  19 19 19 16 ond hour ond from the	INGS USED S OF DEATH? NO STATE  that (**(we) like couses stated
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MEDICAL CERTIFICAT	PART 2 OTHER SIGNIFICANT OF THE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICH OPERATION V  DAY YEAR 19 ICE, FARM, ETC.)  DEC	It. HOW INJURY OCCURR  III. LOCATION STREET  19 78  Chat in (XX) (our) opinion d GREE  ATTENDING PHYSICIAN  7e. ADDRESS  V. A. MEDICA	200 AUTOPSY? YES   NATIONAL   CITY OR TOWN  TO MAY 5  death occurred on the dot  MEDICAL   STAFF  DIRECTOR   PHYSICI  L CENTER, F	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES  YES COUNTY  COUNTY  19 19 19 22c. DAT  FIAN 32 5/	STATE  , that (**(we) lie couses stated  E SIGNED
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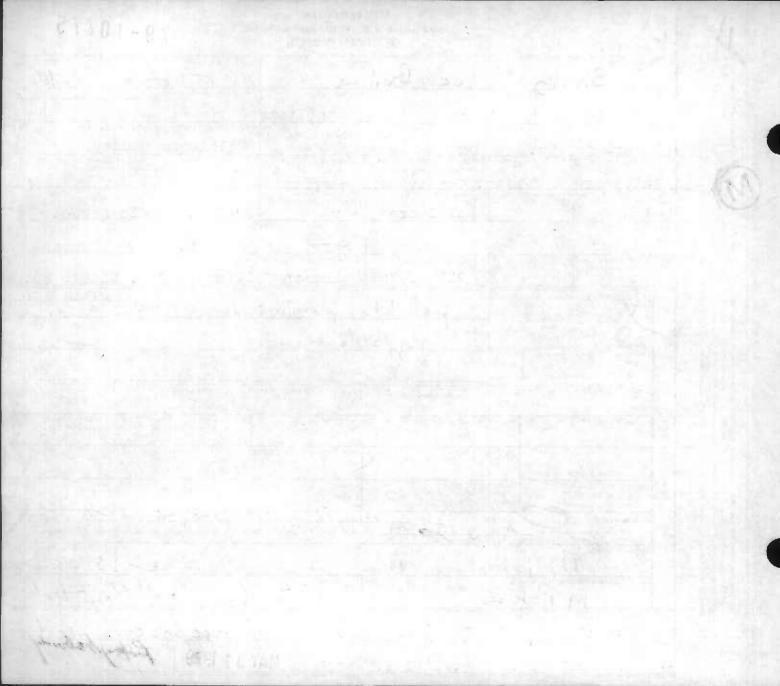
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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

		STATE OF MARYLAND	
		DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	
FIRST	MIDDLE	LAST	2a.

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	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AN		YGIENE	REG. N	79-	1077	5
		EASED NAME OR PRINT) SN	FIRST Q	RACE	Lee	Boll S. DATE C				E OF DEATH	-	79 IF UNDER I YEAR	2b HOUR A  JE UNDER 24 HRS
1		Female		Nec	gro	Oct		0. 193	30	39	YRS.	ONTHS DAYS	HOURS MIN
Ì		RTHPLACE (STATE OR FO	OREIGN 78	CITIZEN OF		TRY? 8				IMORE CITY C		OF DEATH	
1	_	ackridge	, Va.	1	JSA	WIDOWE		DIVORCED [		ltimo	re Coi	unty,	MD
1		TY OR TOWN OF DEA		1. NAME OF		JRSING HOME C	OR OTHER I	VSTITUTION		JAL OCCUPAT			BUSINESSOR
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4		Oliver	7418	5010		ayo	Mar			E.		_	ıman
1	160 W	AS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17. INFOR	MANT		ADDRI	ESS		
1		No			223-	52-765	<b>4</b> H∈	erman	Bolli	ng 28	03 E.	Biddl	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only (AS CAUSED (MMEDIATE	BY: CAUSE (o)	P	soba 6	e f	contin	ne t	enor	Mage	APPROXIM BETWEEN O	MATE INTERVAL MSET AND DEATH
		Conditions, if any, gove rise to imm couse (a), statin underlying couse	mediate ng the	(b)		LEOUENCE OF	rten	Slow				yea	15
	CERTIFICATION	PART 2 OTHER SIGN				O TO DEATH BUT				EASE OR CON	20b. IF YES,	WERE FINDING	GS USED
1	JE								YES	T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW	INJURY OCC	URRED (ENT	ER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
I	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WE AT WO	HILE (	21e PLACE		FFICE, FARM, ETC.)	21f LOCA STRE			CITY OR TO	WN	COUNTY	STATE
		22a <b>I certify</b> that (I) sow the decease above, (I) we've			e deceosed to	19 79 or		ny) (our) opini	on death acc	curred on the d	ote and hour	ond from the c	
		226 SIGNATURE	mI	Peter		m.L	DE GREE	ATTENDING PHYSICIAN				22c. DATE S	SIGNED 25->7
		22d. PHYSICIAN'S NA	1 Pe	Icsa			22e ADDI	Batts	· Co	ty C	sen'l	Hospir	tof
	230. B	URIAL, CREMATION,	REMOVAL	23b. DATE	/50	23c. NAME OF C				OCATION LITY OR TOWN		COUNTY	STATE
	04 51	Burial	-	5/29/	79	Good H	ope	Ch. Ce	em. B	runswi BY REGISTRAR		y., V	irginia
		NERAL DIRECTOR	-1- 77		ADDRES	55	N7 1	2 2 N	AVA J.	1 1979	230. KC	Males	7
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by the fune filled within	10 CI	Towson	EATH	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET A TOSEPH HO	ADDRESS)		TUTION	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WO  BMaker
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on ond co	16a V	VAS DECEASED EVE		WED FORCES? WAR OR DATES)	213-36-3		Mr. Vi	incent	G. Box	ADDRESS
ow requires that the dispersion of the original bear signed by the originary prior to buriol, cremationly injury, or other tro	CERTIFICATION	PART 2 OTHER SI	GNIFICANT C		ONTRIBUTING TO D			-13	INAL DISEAS	OPSY? 20
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PHYSiCJAN: The ending physicic this certificate be burrol-tronsity of Americal Hybrid d or Item 18 should be supposed to the answer of the supposed to the sup	MEDICAL CE	216. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEA	Р.	M. MONTH DA M.	Y YEAR			ED (ENTER N.	ATURE OF INJURY IN
d d d d d	MED	21d. INJURY OCCU	WHILE WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATIO STREET	/		CITY OR TOWN
Spital o Spital o CTOR: J for use of Hea		27a. I certify that saw the dece above, (1) (we	osed alive an.	ol) attended th	4/2/19/	29 onc	11   24 d that in (my) (	19 2.C	, to death accurr	ed on the date of
AL OR AL DIRE hor both DIRE detached bit Dept Till fler		22b. SIGNATURE	albut		olly		mg p	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN
HOSPI bined b ould be th the St PORTAN		Dr. All			y		22e ADDRESS 4900		Rd.,	Balto.
5 € 5 € ₹ ₹		BURIAL, CREMATION	N, REMOVAL	23b. DATE	23 c. N	IAME OF CE	METERY OR C	REMATORY	23d. LOC	ATION

DHMH - 16 50M 1/76

(VR A 15 (4))

17, Per, Call w/F.H. 5/18/79 kam/rc STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR 1.30 IF UNDER I YEAR DAYS HOURS OUNTY OF DEATH ounty 12b. KIND OF BUSINESS OR PRKING LIFE) INDUSTRY Ave. Hartung 07 Carter Ave., Balto APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 10 b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES | ITEM 18, PART 1 OR PART 21 COUNTY STATE and hour and from the causes stated Md. May 21, 1979 Most Holy Redeemer ner Baltimore
250. DATE REC'D. BY REGISTRAR 256. RE Maryland Burial 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto/ Md.

Particular and All Assessed

Torson the South 10, 1969 of anything of the state of the south of the state of the south of the

.n. Albert 5. Bradley (Spin Lelair LM., delto., Ed.

director, page 3

within 24 hours after

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician

#### STATE OF MARYLAND

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-1						STATE	OF MARYLAND				
1		FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE	7.0	107	77
1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	19-	-101	11
1	) DEC	EASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
1		OR PRINT)						N	no. 11	10.70	5:1157
4			Virgin		C.		onicker	//	nay 4	UNDER I YEAR #	F UNDER 24 HRS
	3. SEX			RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT			HOURS MIN
		Female		Whit				63 years	1110		
5		THPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNTRY? 8 MARRIE NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH			
N		Maryland		U.S.	Α.	WIDOWE		Baltimore		7,	MD.
Ĭ		Y OR TOWN OF DE	ATH		OSPITAL, NURSING HOME OR OTHER INSTITUTION  (FACILITY, GIVE STREET ADDRESS)			120. USUAL OCCUPAT		12b. KIND OF B	BUSINESS OR
0		Arbutus			Maple Av		21227	Homemaker		INDUSTRI	
i	USUA	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION			GIVE RESIDENCE BEFORE	ADMISSION)		1			0.00
2		STATE 136 COUNTY			13c CITY OR TOW Arbutu		13d. INSIDE CITY LIMITS?	1252 Map1	e Aveni	ie 2122	27
2		MD. Baltimore		Arbutu	5	15 MOTHER'S MAIDEN NA		e nveno	10 2122		
	14 FA	FIRST		IDDLE	LAST		FIRST	MIDDLE		LAST	
Û		William				Lane Cora				Brown	
		(AS DECEASED EVER	(IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU						
		NO			217-38-	7534	Mr. Paul V.	Bonicker, 1	252 Map		
		18. CAUSE OF DEAT	TH (Enter onl	y one couse per	line for (o), (b), on	d (cl.)					SET AND DEATH
		PART I. DEATH V		E CAUSE (O)	Colona	4 Des	elusin			Lude	er-
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1		Conditions, if ony	v which	1	nultert	- C.	ubral Infoisi	t. Demark	R.C	Juga	MALL
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		underlying couse		DUE 10, 0	R AS A CONSEQUE	INCE OF &	pland Mel	Juzous		0	
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1(p)	
	Z	TAKE ET OTTEK GTO									
-	CERTIFICATION	19a DATE OF OPERA	ATION	19h. COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDING	
3	FF			SE VIII					IN CERTIFYII	ING CAUSES O	PF DEATH?
	ER	21a. ACCIDENT WAS UN	NDERLYING F	21b. TIME C	DE INJURY		21c. HOW INJURY OCCUR	YES NOL			
1	0	OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR					
	ŏ.	(IF EITHER, NOTIFY MEDI			M.	19	21f. LOCATION				
	MEDICAL	21d INJURY OCCUR	WHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK - AT W	ORK —			. 11	<u></u>	111		70	
	100	22a I certify that ()		1/1/0/	e deceased from_	00	193/	, to	, 19		ot (1) (we) lost
		sow the decep- obove, (I) (we)	sed olive on, (did) (did not	) view the body	ofter death.	17.01	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour a		
		226. SIGNATURE	0	,			DEGREE			22c. DATE SI	IGNED
		Elisah	W. Ken	ruson	mile		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	5/4/	9
		22d. PHYSICIAN'S N	NAME ITYPE OF	PRINT)			22e ADDRESS				
		E LI Tol	hnaan	Man			3432 Frederi	ick Avenue	Baltim	ore. Md	
-	230 P	E.W. JO			123, 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	/3u. D	URIAL, CREMATION	, KEMOVAL					CITY OR TOWN		ounty Mar	ryland
	24 51	Burial INERAL DIRECTOR		5/8/7	-		n Park Cemeter	TE REC'D. BY REGISTRAR		,	9
		NAME		THE PARTY			u. 21227	VM 4075	0	A STOCKETON	
		Hubbard F	unera:	L Home,	Inc. 4107	Wilk	ens Ave.   MA	11/19/9	printe	y sel	
									-		7

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the buriol-strongly permit. Then please remove corbon papers: Pages 1 and 2 should be fixwith the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examiner must be

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	AEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS	UTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, 2. AND 3 10 THE	A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	UNERAL DIRECTOR: PAGE 3 SHOUID BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUID BE FILED.	r death, with the state department of health and mental hygiene, division of vital records, 301 v	IMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

		cems #18a-22a Fi	lm G531 5	/22/79 EPARTMEN		MARYLAND H AND MENTAL HYGIE	NE			
		STATE REGISTRAR	MED	ICAL EXA		CERTIFICATE OF DE		7,9 - 1	0110	,
_		CEASED NAME FIRST	2000	MIDDLE	1000	LAST	20. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	2b. HOUR
A SE		Sadie		Bailey		wley	DEATH MATED	☐ 4	25 19 79	14/
PE	3. SEX		S. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF U	NDER 1 YR. IF UNDER 24 HRS	PRONOUNCED	MONTH		8:00 P M
SARY	_	emale Black	3 19		36 YRS.		DEAD  9 BALTIMORE CIT	Y OR COUNT	25 <sub>19</sub> 79	Рм
CES NER NER YITH	FOR	REIGN COUNTRY)				RIED NEVER MARRIED A				9/119
E FU E S W. W.		Maryland IY OR TOWN OF DEATH	US A	ITAL, NURSING	HOME, OR OT	HER INSTITUTION 120 U	SUAL OCCUPATION		County,	
PAGI PAGI FILE S, 301		ndallstown		ce Count	y Gener	1 1 -	Domestic		OR INDUST	RY
A AIN AIN ORDS	USUA 13a S1	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	RESIDENCE BEFORE	ADMISSION)		TREET ADDRESS			
AND RET HOU		Md	,	a Iti			1 Dolphin	St.	17.	
TH. II. 2. 3. 2. 5. 5. 2. 5. 1. ITAL	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
DEA GES M P. AND OF V		John		Bowle		Mary Mary	ADDR		Hi11	
FTER FOR FOR ON (		(AS DECEASED EVER IN U.S. ARA		16b. SOCIAL SE						11700
RS A GIV WITH PAG		NO		215 03		Thekma Maso	on 3800 B	ervede	re Ave	
HOU JG V MIT.		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	BY: Pro			ng near drowni	ing		BETWEEN ONSE	T AND DEATH
124 ITEA ITEA ITEA ICO ICO ICO		9298 IMMEDIAT	E CAUSE (0)	AS A CONSEQU		0				
N. ST. IN. ST. N. ST. N	3	Conditions, if any, which gave rise to immediate	(b)							
AWIN PENG ENT		cause (a) stating the <u>under</u> - lying cause last.	< 1-1	AS A CONSEQU	ENCE OF					4-1
CUTE IN F JA M		Tyring coose rost.	(c)							
E EXE DING" DICA DICA TH AN	z	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH 8	UT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a).				
PEND PEND PEND PEND PEND PEND PEND PEND	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	H OPERATION Y	WAS PERFORMED?			20. AUTOPSY	?
RD " USE OF H	IFIC								YES 🕱	NO []
ATE S WO THE LD BE KENT BURL	CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTHL DAY	VEAR 216	low INJURY OCCURRED LENT	ER NATURE OF INJURY IN ITEM	18 PART LORPA	in and	AL N
IFICA THE TO THE JOUIL		UNDERLYING OR CONTRIBUTING CAUSE OF D	1 7	11/237	17 .	eveloped pneumo		00.0100	10 0410	
CERT TING 3 SF DEP	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE	21e PLACE C	FINJURY (AT H		OCATION* *	CITY OR TOWN TT	co	UNTY	STATE
WRIIN WARINA AGE	~	AT WORK AT WORK	nu	rsing ho	ome Gar	rison Valley 1	Nursing Hor	nel Gar	rrison	Md.
FORN FORN FORN FORN FORN		22a. I certify that I taak charg	e af the remains desc		ld an Auta	psy X, Inspection	, Inquiry .	and in my a	pinian	
MIN BE BE ECT TH TI		death resulted fram: Natur	al causes,	Accident K.	Suicide _	J., Homicide Und	letermined manner	J.		
CER CER DIR DIR WI AARY		ACTUAL	wa LO	Nan D	N	TITLE (SPECIFY)		D ATE SIGNE	4/27/	70
CAL THE SHC SATH RE, A		SIGNATURE	out 1 mg	owic 1 /	-	w.d. <u>Assistant</u> M	EDICAL EXAMINER	SIGNE	ED_4/2//	19
MEDICUTE CUTE CUTE FUNE ER DE FIMO		EXAMINER'S NAME (TYPE OR PRINT) Virg:	inia L. Do	olan. M.	D.	_ADDRESS	111 Per	n Stre	eet	
PAG TO I	23a.Bl	JRIAL, CREMATION, REMOVAL 2	The same of the sa				LOCATION	COU		TATE
BP	(5		4-30-79	Mt.	Calvary		nn Arundl		Md	
DHMH - 17		INERAL DIRECTOR	ADDRESS	1010 727	70 41	1	BY REGISTRAR 25b. R		SUNATURE	,
(VR A15 ME (5)) 15M 7/76	Isa	aiah L. Brown	son PA	1913 W	. Balto	. St. APR30	13/3	Malle	-	

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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached far use as the busial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. within 24 hours ofter executed requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

FOR - STATE

notified of once.

medical

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

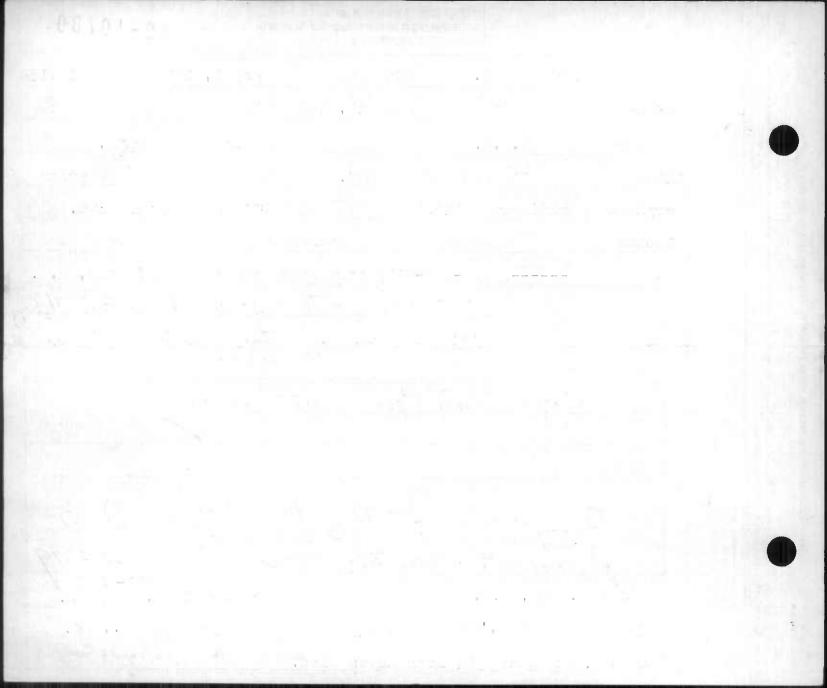
	wy	0		0	7	7	0
REG. NO.	1	y	-	U	1	1	9

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10. 13 10113
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
{TYPE	ORPRINT) Fra	nk H	Braxton Sr.		5-3-79 10 P.
3. SE		14 RACE	5. DATE OF BIRTH	6. AGE (IN THE ARS LAST BI	
3. SE	MALE	BLACK	MONTH DAY YEAR 6 - 5 - 98	8	MONTHS DAYS HOURS MIN
7a. BI	RTHPLACE, ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	9. BALTIMORE CITY	OR COUNTY OF DEATH
C	OUNTRY] UQ i	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	(1 - 1	timore County MD.
10 C	Battimore /	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		THE ENDING CUPAT	
USU.	AL RESIDENCE (IF MURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 136 CITY OR TO	YES NO	93821	torrent Low
14. 94	FRANK	MIDDLE BEAXIO	IS MOTHER'S MAIDEN	NAME LINE POLE	lou X
16a V	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDF	ESS-
	YES, NO OPUNKNOWN) (IF YES, GIV	VE WAR OR DATES) 160 -05	-3127 Mr. Franka	Braxton 938	2 forment fow
	PART I. DEATH WAS CAUSE	G11-110	. 1 1 0	Lovascular	Disease
	4 mmEDIA	DUE TO, OR AS A CONSEQ		Cardopulm	
	Canditions, if any, which	( ;b)	J.	an	2001-
	gove rise to immediate cause (a), stating the	(0)			
	underlying cause last	DUE TO, OR AS A CONSEQ	DUENCE OF		
		(c)			
Z		epsis Sevona	DEATH BUT NOT RELATED TO THE T	Decubiti	IDITION GIVEN IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			URRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)
EDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC ) STREET	CITY OR TO	OWN COUNTY STATE
	22a. I certify that (I) (this hosp	oital) attended the deceased from		7 . to S	- 5- 19 19, that (I) (we) last
-	saw the deceased alive ar	n 5-3-19 at view the bady after death.	79 , and that in (my) (our) opin	ion death occurred on the	date and hour and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
1	S.	S. Sagar	MD ATTENDING PHYSICIAL		S/3/79
1	22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	· _ carecion _ inite	
	5.5.	SAGAR /	c/o 1	3alt. Coun	ty Gen Homital.
23a. I	BURIAL, CREMATION REMOVAL	23b. DATE 23	C NAME OF CEMETERY OR CREMATO	RY ZIN EDCATION	A COURSE (ASSET)
1	Surial	5-8-79 1	17. CAlvary Co	101 Dro	offen ma
24. 5	UNERAL DIRECTOR	100000	Ja 25a	DATE REC'D. BY REGISTRAL	RISE REGISTRARIS SIGNATURE
	aseph Lil	LUSS 22220	W. North Mp. M	AY 1 7 1979	frifty Me Crevely

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4)) 79-10779 and the section of th

	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9-10/	80
m.e		CEASED NAME FRST	MIDOLE		AST	20 DATE OF DEATH MONTH		2b. HOUR
oge 4 may be green, page 3 un after death		Mari			ISTER	May 2, 197		10:15
mo frer po	3. SE		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
000		male	White	July	13, 1908		RS.	
fune dear Poo	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	BALTIMORE CITY OR COL		
\$ 5		w York	U.S.A.	WIDOWE	DIVORCED	Baltimore		MD.
9 9 3 2	21	204		Raven E		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Teacher	ING LIFET INDUSTRY	ation
in 24 hours aft	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT BALL	NTY 113c CITY	nce before admission) OR TOWN 1204	134 INSIDE CITY-LIMITS?		aven Blv	rd.
mpletely and 2 sh		THER'S NAME homas	MDOLE Kenn	last a	Adelaide		Bradŷ	
n ond co	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? IM SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	200	
		0	05-	805-7335	Mary Jane	Brewster Wa		D.C.
is that the death certificate bed by the attending physicial lease remove carbon papers, i.a., crematian, or remaval or ather traumatic event, the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (a) C  DUE TO, OR AS A CO  (c)		Soul gold as	Jens schools Dissare	7	year.
quires fhen p ta bui	NOIL	Up	new resp	wolon	Mad	INATOISEASE OR CONDITION		
the law re- ian. thas been if permit if permit if person in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		YES NO P	IF YES, WERE FINDII ERTIFYING CAUSES YES	NGS USED OF DEATH?
NDING PHYSICIAN: The is at attending physician.  R. After this certificate has use as the burial-stronst per tealth and Mental Hygiene is marked at frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL LIFEITHER, NOTIFY MEDICAL EXAMINER		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M TS, PART 1 OR PART 2)	
offending offer this of the bund Me ond Me riked or I	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTE STEE		22a.1 certify that (1) (this hasp saw the deceased of above, above, (1) (wind did) idid no		19_66	d that in (my) (our) opinion	death accurred on the date and	d hour and from the	that (1) (we) lost causes stated
SPITAL STATE AND THE POSP AND T		22b. SIGNATURE	bank	Jun 8		DIRECTOR PHYSICIAN	5/3	3/79
TO HOSPITAL etained by th TO FUNERAL should be det with the State		Nelson C. S			Mercy Hos	sptial 301 S	332-935 t. Paul	5 / Pl.
BP		JURIAL, CREMATION, REMOVAL SPECERY) Urial	<sup>236</sup> DATE May5, '79	Woodl;	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimor	Billion and the second	Md. STATE
DHMH-16 20M (VRA 15, 4) 7/7B		illiam E. Jol	nnson 8521°		25a. DAT	4 1979	ATT AND SECOND	URE

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be Political of once.

### FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	Q	-	1	U		U	1
	U		4	-			

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	3 10.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIODLE		AST		MONTH DAY YEAR	26 HOUR
George	Invin	Brickhou	10.		5-20-79	12:10m
3. SEX male	4 RACE mulatto	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS	AR IF UNDER 24 HRS
To BIRTHPLACE ISTATE ORFOREIGN COUNTRY! Maryland	16 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOWE	DENEVER MARRIED	Baltimore CITY o	R COUNTY OF DEATH	MD.
Baltimore (o.	7302 Park H	eights Av	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTR	of BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 130. STATE  Md. Bas	PROTHER INSTITUTION, GIVE RESIDENTY 134 CITY	ENCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES NO.	130 STREET ADDRESS	leighta Ave	21208
14 FATHER'S NAME FIRST Havry	MIDDLE	Knough	15. MOTHER'S MAIDEN NAI FIRST Anne	WIDOLE	Brickhe	asi OUSE
	RMED FORCES? 166 SOC VE WAR OR DATES)	05-2308	Lorraine Brie	abbauae 7302	SS Park Heiol	ht a Arra
Conditions, if ony, which gove rise to immediate couse iot, storing the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		DINSEQUENCE OF	Culor  Culor  NOT RELATED TO THE TERM	Calle  INAL DISEASE OR COND  200 AUTOPSY?	DITION GIVEN IN PART  1206. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 22a.l certify that (1) (this hosp sow the deceased alive or above, (1) (wa) faired (did fit	HOUR A.M. MO P.M.  21e PLACE OF INJUR (AT HOME, STREET, FACTO)  21tol) ottended He deceose	NTH DAY YEAR  19 PY RY, OFFICE, FARM, ETC.)  ed from th. 19, 0, 0	211 LOCATION STREET  211 LOCATION STREET  19 )  and that in (my) (00000 opinion opinio	city or tow	te and hour and from the	STATE  thot (I) (we) lost
27d. PHYSICIAN'S NAME (1906)  23d. BURIAL, CREMATION, REMOVAL (SPECEY)	PATLIFF	/ 4	220 ADDRESS  5) 2 U  EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	JAKLL	J/LL8
Burial 24 FUNERAL DIRECTOR Stansbury Tunera	5-24-79 L Home 6412	Meadow?	idge Cemetery 250. GATI	Baltimone ERECD. BY REGISTRAR AY 2. 8 1979	Manuland	

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or attending physician.

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is must be notified at once.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use os the buriol-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

WPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumptic event, the medical examiner must be notified at

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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RE	GISTRAR		CEN	THICKIE OF DEAT	•••	REG. NO	<b>)</b> .			
I DECEA	SED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH	HIMOM	DAY YEAR	26 HOU	JR
(TIPE OR P	JOHN	В.	BR	IDGES		MAY	24,	1979	9:55	5 a <sub>M</sub>
3 SEX		4 RACE		TE OF BIRTH		AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR		R 24 HRS.
	37 9			March 9, 1900		79	YRS	MONTHS DAYS	HOURS	WIN
7ª BIRTH	INTHOLACE STATE OF SOME ALL THE STATE OF WHAT COLINTAY?		RRIED NEVER MARRI	10	BALTIMORE CITY O		Y OF DEATH			
COOK	Maryland	ryland U.S.A. wide						UNTY	NTY MD.	
10 CITY C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME O					12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				ESS OR
0	TOWSON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SAINT JOSEPH HOSP			PITAL		Painter Ornametal			Iro	
13a STAT	aryland	NTY 13c. CI	idence before admiss ty or town ltimore	13d INSIDE CITY LIA		5614 York	Road	d		
14. FATHE	FIRThomas	MIDDLE Bridge	LAST	15 MOTHER'S MAII FIRST Mary Tic		WIDDLE		1.4	AST	
	DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY N	O. 17 INFORMANT	17.89	ADDRE	SS	TODAY.		
	No	21	5-07-0521	Dorothy	E. Me	yers 912 E	. Lal			
18	CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for	(o), (b), and (c).)					BETWEEN	XIMATE INTER	RVAL DEATH
PA	nderlying couse lost.  IRT 2 OTHER SIGNIFICANT  DATE OF OPERATION			BUT NOT RELATED TO T		20a. AUTOPSY?	20b. IF YI	ES, WERE FIND	INGS USE	TH?
EN -	, ACCIDENT WAS UNDERLYING T	7 216 TIME OF INJU	PV	121, HOW IN HIRV	OCCURRE	D (ENTER NATURE OF INJUR		res 🗌	NO [	
CAL	CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. M P.M.	ONTH DAY YE	19 211 LOCATION	OCCORRE	CITY OR TOW		COUNTY	61	TATE
	WORK NOT WHILE	(ATTIONE, STREET, PAC	IORT, OFFICE, FARM, ETC							Air
220	saw the deceased alive or obove, if (we) (did) (and	May 24	19 79	y 21	79 opinion de	to May 24 on the do	ite and ha		that M(1	
	SIGNATURE /	Cut it	reg		DING CIAN []	MEDICAL STAF			ESIGNED	
220	PHYSICIAN'S NAME (TYPE C			22e. ADDRESS						
		Crist, M.				load, Towson	n, MI	21204		
(SPEC	Burial	May 26,197	9 Parkw	ood Cemetery		23d LOCATION CHYORTOWN Baltimore	, Md.	COUNTY	517	ATE
24. FUNE	RALDIRECTOR Eugen	ia K. Seitz	ADDRESS		250. DATE	REC'D. BY REGISTRAR AY 28 1979			No seed	7

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

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e l'atomenti l'acception				
			Land and	
	incy tend			
		Les evients		
		neutrality (NI.)		
		Scala Ville of its	certai land area bed	

requires that the death certificate be executed within 24 hours often

TTENDING PHYSICIAN: The low ottending physicion

BP.

DHMH-16 20M (VRA 15, 4) 7/78

TO HOSPITAL

## STATE OF MARYLAND

7	1.	FOR STATE REGISTRAR			MENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	9-10	783	3
- 1		CEASED NAME FIRST FRA		B.		ROESSEL		OTO	YEAR	Zb. HOUR A
	3. SE		4 RACE Cauc		5. DATE O		May 22, 1 AGE IN YEARS LAST BIRTH		DER I YEAR	5:45 M # UNDER 24 HRS HOURS MIN
of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Laryland	7% CITIZEN OF	WHAT COUNTRY?	I.	D NEVER MARRIED	Baltimo			MD.
Notified A		tonsville	11. NAME OF (IF NOT IN SUC HOUSE J	HOSPITAL, NURSIN THE FACILITY, GIVE STREET LN THE PI	ADDRESS)	atons ville	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Retired	MORY IN COURTS IN	Hat C	F BUSINESS OR
must be	13a. S	AL RESIDENCE (IF NURSING HOM TATE 136 CC TYLAND BAL	e or other institution ounty timere	GIVE RESIDENCE BEFOR 134 CITY OR TOW WOODLAW	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS St	. Agnes	Lane	3
230	14. FA	THER'S NAME Justin	WIDDLE	Broessel		15 MOTHER'S MAIDEN NAM	WE		List	
1	()	(IF YES,	ARMED FORCES? GIVE WAR OR DATES)	214-05-		Mr. Charles	R. Broessel		St. A	21207 Agnes Lane
s ony injury, ar ather traumatic	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  PROST F  19a DATE OF OPERATION	TIC 14	SPERTK	OP 17	NOT RELATED TO THE TERM L		ITION GIVEN IN	RE FINDIN	IGS LISED
em 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCURR	YES NO NO NEED GENERAL NEED GENERAL NEED GENER HATURE OF INJURY	YES 🗌		NO
rked or II	MEDICAL	Z1d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			ZII LOCATION STREET	CITY OR TOWN		OUNTY	STATE
a Zi is mo		22a. I certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did	on MAY	1 10	(1)	nd that in (my) (ove) apinian o	death occurred on the dat	e and haur and	fram the c	hat (1) (we) last auses stated
NT. # Hen		226. SIGNATURE	uard y	apper 7	n.A		MEDICAL STAFF		5/22	IGNED -179
MPORTANT		Dr. Kenar	Yaffee	, ,		1	t Park Ave.			
IMPORTA	(:	URIAL, CREMATION, REMOV PECIFY) Burial	5/24/	79 L	orrai	emetery or crematory no Park	23d LOCATION CITY OR TOWN Baltimor	7 - 1		yland
20M ) 7/78		NERAL DIRECTOR 16				sville, Md 25a DATE	REC'D. BY REGISTRAR 2	St. BESTRAR	MEC	DRE

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 nowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. WHORTANT: If them 21 is marked or Item 18 shows any injury, or other traumant event, the medical exampler must be natified at order. ATTENDING PHYSICIAN: The retained by the haspital ar attending physician

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10784	7	9	-	0	7	8	4
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	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL	L HYGIEN	7 9 -	-1078	4
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MOOFE	BK	Pours	20	DATE OF DEATH MONTH	DAY YEAR 14 79	6 AM
	3. SEX	4. RAČE		5 DATE C	DAY YEAR	R	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	Male 70. BIRTHPLACE (STATE OR FOR	Blac	WHAT COUNTRY?	12	12 13		65 YRS. BALTIMORE CITY OR COUNT	TY OF DEATH	
7	S. C.	U. S		WARRIE	D NEVER MARRIED		BACTILL		DUNTY
7	10 CITY OR TOWN OF DEAT	H II. NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	V 12	USUAL OCCUPATION	12b. KIND OI	COOT MD.
	BACTILLOT	CE WINDTIN SUC	Mt Wil	SOD	Hospital	(1	YPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
5	USUAL RESIDENCE (IF NURSIN 130 STATE	G HOME OR OTHER INSTITUTION 36 COUNTY		OMISSION)	13d. INSIDE CITY LIMIT YES XX NO		street address 3919 Park He	eights	Ave.
6	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEL	NNAME	MIDDLE	LAST	
9	Flem		Brown				ADDOCA	Will	iams
ě	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT		ADDRESS		
	18 CAUSE OF DEATH PART I. DEATH WA	MMEDIATE CAUSE (0)	RESPIRA	NOR	ESTATED.		s 3919 Park		S AVE.
9	Conditions, if any,		R AS A CONSEQUEN	ICE OF	ACHECXI.	A			
	gove rise to imme couse to, stating underlying couse	diate	r as a consequen	ICE OF	Policonn	R4	TOBELaros	15	
		MI VATES	C . O .	-	NOT RELATED TO THE	See	L DISEASE OR CONDITION G	IVEN IN PART 10	i A
7	190 DATE OF OPERATION AS UNDE	ON 196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED		IN CERT	ES, WERE FINDIN TIFYING CAUSES OF	GS USED OF DEATH?
		USE OF DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2}	
	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d IN JURY OCCURRE  WHILE NOT WHIL AT WORK ALOND	CAT HOUSE STE	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		his hospital) attended the	-7	9 .00	nd that in (pg) (our) ap	76 pinion dea	th accurred on the date and ha	Control of the second of the s	hot (we) lost causes stated
	22b. SIGNATURE	lungi	The		DEGREE ATTENDI PHYSICIA		MEDICAL STAFF PHYSICIAN	22c. DATES	IGNED
	22d. PHYSICIAN'S NAM	Theco, US					SON CENTER	Q,	
	230 BURIAL, CREMATION, RI (SPECIFY) Buria				aburn Cem		23d LOCATION CITY ORTOWN Baltimore	COUNTY	Md.
-	Wm. C. Mar	ch F/H 1	101 E. N	orth	n Ave.	MAY	C'D. BY REGISTRAR 256. RESIS	By MAC	DRE dy

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# requires that the death certificate

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours after deat with the Store Dept of Health and Annial Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR - STATE

REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.	7	q	_	1	n	7	8	0
REG NO		V		- 1	0		-	-

								REG. IN	J			
	CEASED NAME	FIRST	,	ANN	RD	AST AA F	-	20. DATE OF DEATH	MONTH (	DAY YEAR	2b. HOU	es .
	IV.	HRY	/	7/1/1/	1316	y AND		6. AGE (IN YEARS LAST BIRT	04.	J. 14 17	IF UNDER	A M
3. SE	X		RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIKT		MONTHS DAYS	HOURS	MIN.
	Female		white			ber 26	1924	54	YRS	COEDEATH		
	IRTHPLACE (STATE OR FO	OREIGN	L CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVERA	AARRIED	BALTIMORE CITY O	K COUNTY	OFDEATH		
	irginia		USA		WIDOWE	D Dr	VORCED 🗌	Baltimor				MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INST		120 USUAL OCCUPATI		12b. KIND O FE) INDUSTRY	F BUSINE	ESS OR
	andallstow			re Co. G	eneral	Hospit	tal	Homemaker		Home		
USU 13a	AL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFO		134. INSIDE C	ITY LIMITS?	13e STREET ADDRESS				
Ma	ryland	Balto		Pikesvi	lle	YES 🗌	NO E	4713 Dunca	nnon i	Rd.		
14. F.	ATHER'S NAME		IDDLE	LAST			MAIDEN NAM	VE WIDDLE		LAS'	·	- 17
	Walter	A	NOTE	Jones			ora	J		Neal		
	WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.		NI Pikesi	ville ADDRE	ss Md	21208		110
	YES, NO OR UNKNOWN)	WW.	WAR OR DATES)	224-28-	4339		am Bryar		3 Dun	cannon	Rd.	
	18 CAUSE OF DEAT					Ca					MATE INTER	RVAL
	PART I. DEATH W	AS CAUSED	BY:	MALIG	NAL	IT IM	FLA	DOMA				2241111
	1759	IMMEDIAIL	CAUSE (o)	VIVIE								
	Conditions if any	. de tale	DUE TO, O	r as a conseou	JENGE OF	KIN	ETAS	PASIS				
	Conditions, if ony gove rise to imi	mediote	(b)		001			1				
	couse (0), status underlying couse		DUE TO, O	R AS A CONSEQU	JENCE OF							
	PART 2 OTHER SIG	NHEIC ANIT C	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELATED	TO THE TERM	NAL DISEASE OR CON	DITION GO	/EN) INI PART 1/a	-	
Z	PART 2 OTHER SIGN	MIFICANIC	ONDITIONS <u>CC</u>	DIN I KIBUTINO TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EIN IIN FART TIC	,	
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN		
E								YES T NOT		FYING CAUSES	OF DEAT	
- 3	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		71c HOW IN	JURY OCCURRE	ED JENTER NATURE OF INJUI				
	OR CONTRIBUTING		"	M. MONTH								
MEDICAL	116 EITHER, NOTIFY MEDIC		P.		19	211 LOCATIO	ON					
ME	WHILE NOT W	HILE [		REET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR TOV	N	COUNTY	SI	TATE
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	22a.1 certify that (1) sow the deceas		oi) onengep in	e deceosed from	26	nd that in (my)	(our) opinion d	eoth occurred on the de	ate and hou	/ /	that (I) (	
10	obove, (I) (we) (	did) (did not	view the body	ofter deoth.		DEGREE	(50), 641110110		710 0110 1100	22c DATE		o i cu
10	220. SIGNATURE	ann	Tele	- Sh.		MAY )	TTENDING	MEDICAL STAI	FF 🗻	TAL DATE	7 2	179
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23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	1137	COUNTY	51.	ATE
	Burial	10100	5/26/	79 Mc	ountai	n View		Rural Ret		Wythe	VA	
24. F	UNERAL DIRECTOR	8728 I	iberty	Rd ADDRAY	idalls	town M	u		25b. REGIST	TRAR'S SIGNAT	URE	
Tic	mina Buers	Frine	ral Dir	ectors.	P.A.	21133	MAY 2	9 1070	Tisk.	Aller	dis	

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OR ATTENDING PHYSICIAN: The lo

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR		D		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE	9 - 1	0786	
	CEASED NAME FIRS	î	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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3 SE		4 RACE	Tel OA		OF BIRTH	6. AGE (IN YEARS LAST BIR	100	IF UNDER I YEAR	IF UNDER 24 HRS.
	male	907	nite	Feb		773		MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN		N OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY C	PR COUNT	Y OF DEATH	
10.10	COUNTRY)	77	C A	WIDOW	ED NEVER MARRIED				
	aryland			NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12h KIND C	MD. OF BUSINESS OR
p	andallstown		T IN SUCH FACILITY, G		nowal Haan	(TYPE OF WORK FOR MOST O	F WORKING L		
₽SU	AL RESIDENCE HE NURSING HO	ME OR OTHER INST			eneral Hosp.	Ad sales		Newpa	per
		COUNTY		ORTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	139		
	aryland Ho	oward	I ETTI	cott City	YES NO I	43 Park A	ve.		
	FIRST	MIDOLE		LAST	FIRST	MIDDLE		LAS	
14	Ephriam	5 ABUSD 500		rgee	Anna	ADD0	cc.	Igleh	art
	WAS DECEASED EVER IN U.	S, GIVE WAR OR DA	TES)	AL SECURITY NO.	17 INFORMANT	12	EsAve.		
	no		212	09 4640	Gladys Burge	e Ellicot	t Cht		and 2104
.01	18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one cou							ONSET AND DEATH
		EDIATE CAUSE	(0) Meil	ustatec	Halignant	Helanono		4	mos
м	1127	DUE	TO, OR AS A CO	NSEQUENCE OF	•				
	Conditions, if any, which		(b)						
10	gove rise to immedio couse (0), stoting the		TO. OR AS A CO	NSEQUENCE OF					
Н	underlying couse los	st.	(c)	PERMIT					
z	PART 2 OTHER SIGNIFICA	ANT CONDITIO	NS CONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GI	IVEN IN PART 10	0 1
CERTIFICATION	190 DATE OF OPERATION	19b C	ONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. 1F YE	S, WERE FINDIN	NGS USED
IFIC						YES T NOT		IFYING CAUSES	OF DEATH?
ERI	21a. ACCIDENT WAS UNDERLYIN	1G 21b. T	IME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		<u></u>	140 []
	OR CONTRIBUTING CAUSE	OL DENIN		TH DAY YEAR					
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ME	WHILE NOT WHILE C	(AT HO	OME, STREET, FACTORY	Y. OFFICE, FARM, ETC.]	STREET	CITY OF TO	νN	COUNTY	STATE
	220.1 certify that (1) (this		ded the deceased	724	3 19 78		5		that (I) (we) last
	saw the deceased ali above. (1) (we) (did) (d	ve on	body after deat	h. 19, o	ind that in ( <u>my</u> ) (our) opinior	deoth occurred on the d	ate and ho		
ĕ	226. SIGNATURE	1. Lich	terfelo	1	ATTENDING PHYSICIAN	MEDICAL STA		5-/12	SIGNED 8
	Baren M.	Lichter	rfeid M	1D	22e. ADDRESS	Beivedere		Bauto ?	21245
	BURIAL, CREMATION, REMO	DVAL 23b. DA	TE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	5	/21/79	Taylors	ville Church	Cem. Tavlors	ville	Carrol	1.Md.
24 F	UNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRAR			URE
SL	ACK Funeral H	Home, Ell	Licott C	ity, Mary]	Land 2104 AY	21 1979 /	entry	// WORK	7

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the little of the shauld be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of the detached for use as the buriol transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of the state of Health and Mental Hygiene prior to buriol, cremation, or removal. ATTENDING PHYSICIAN The low requires that the deoth etoined by the hospital or attending physician. TO HOSPITAL BP.

IMPORTANT: If them 21 is morked or them 18 shaws ony injury, or other troumotic event, the

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# STATE OF MARYLAND

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)		1. DEG	EASED NAME		1712	WIDDIE			AST			20. DATE OF	KNOWN X	MONTH	DAY YEAR	26 HOUR
	ASE OR.			Wandee					urke			DEATH	MATED [	5	28 1979	M
	VECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 77 HOURS. WERSTON STREET	3. SEX		4. RACE	5 DATE OF BIRTH	YEAR 6	AGE (IN YEA			IF UNDER	R 24 HRS.	2c. DATE		MONTH	DAY YEAR	6:25A
	ON ZOUR	_	male	Oriental	March 4		28 YR		DAIS	HOUKS	Mild	DEAD		5	28 1979	M M
	RAIL Y HIN	7a. BI	RTHPLACE (ST	TATE OR	76. CITIZEN OF WH	HAT COUNTE	RY?	8 MARRIE	D X NE	VER MARK	RIED 🔲	9. BALTIM	ORE CITY O	R COUNT	Y OF DEATH	2 CX
	N N N N N N N N N N N N N N N N N N N		Thail	land	U.	S.A.		WIDOWI		DIVOR	CED 🗆		Baltim	ore (	City,	MD.
	AY IS PAGE 5		altimo:	of DEATH	11. NAME OF HOS (HENOTIN SUCH FAI Univer	CILITY, GIVE STRE	EET ADDRESS		R INSTITU	TION	FOR	JAL OCCUP MOST OF WOR	KING LIFE	OF WORK	OR INDUST	JSINESS RY
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10.3	TH. 2.	1	THER'S NAME		MIDDLE	LA	ST	MARK	15. MOTHE	ER'S MAID		M	IDDLE		LAST	
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LTIMOR	AFTER I	16a V	VAS DECEASEI	D EVER IN U.S. ARA	MED FORCES?	16b. SOCIA	AL SECURITY	Y NO.	Kevir	n Bur	usbar ke	lot 4	ADDRESS Rock	Tayl	or, Penge Terra	na. ce
BA	WIT WIT		18 CAUSE O	F DEATH (Enter onl	y one couse per line	for (o), (b),	ond (c).)				14.7				APPROXIMAT BETWEEN ONS	E INTERVAL T AND DEATH
ST.	NE NG TO		PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)	Mu:	ltiple	inj	uries	with	com	plica	tions			
ON	ALO ALO	-	9/5	INVINEDIAL	DUE TO, OR							W. Tr				7-15-13
RES	NSI NSI OVA			ns, if any, which se to immediate	(b)										1	
1 W. P	DIED WITH PENCIL EXAMINE EXAMINE SIAL-TRAN MENTAL OR REMO			stating the under-	DUE TO, OR	AS A CONS	EOUENCE	OF								
5, 30	BUR BUR	000	BART 2 RTHER CO	GNIEICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATE	נופנד זער חד ח	IN AL DICEACE	DR CONDITIO	N CIVEN IN B	407.3 (-)					
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TAL	AL. OF	F													YES X	NO 🗌
OF VI	WO WO BE BURI	8		AL CAUSE WAS	21b. TIME OF			21c. HC	W INJURY	OCCURR	ED LENTER	NATURE OF IN	JURY IN ITEM 18	PART I OR PA	RT 2	
OZ	THE THE STAN TO E	AL	UNDERLYING	OR CAUSE OF I	HOUNKE 7:11p.m	MONTH I	26 19 7 S		nasse	noer	in a	uto/a	uto im	nact		
ISIO	SHO THE SHORT ION	MEDICAL	21d. INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME.	21f. LOC	CATION	11601	III G					
≥ o	VRITING VRITING ARDED GE 3 SI (GE 3 SI VIE DEP	X	WHILE C	NOT WHILE	STREET, FACT	treet	1	-	. 235			He rm			unty t. Mary'	STATE
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	FOR PORTE		22a i certi	ty that I took sharp		cribed abo	VIII	Autops	<u>v</u> 1,	Inspection		Inquiry		d in my of	oinion	
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	DICAL ITE THE 4 SHOUNERAL DEATH, CORE, M.	1	SIGNATURE	1/10	may	1 1/1/10	M		р рер	uty (	ini et	ICAL EXAM	AINER	SIGNE	5/28	79 —
			EXAMINER'S	NAME T	homas D.	CM:+h	MD			111 7		C+ D	-14-	100		
	PAGE TO RULE PAGE AFTER BALTIM		TYPE OR PRI										alto.,	MD.		
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1,	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	70 10700
	REGISTRAR	CERTIFICATE OF DEATH  REG. P	
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST 20 DATE OF DEATH	MONTH DAY YEAR 25. HOUR
3. 51	Edwa	ard Burkman May 12.  14 RACE 15. DATE OF BIRTH 4 AGE (IN YEARS LAST BI	1979 1:26AM
3. 51	1	MONTH DAY YEAR	MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	TA CITIZEN OF WHAT COUNTRY?	OR COUNTY OF DEATH
8	COUNTRY)	MARRIED NEVER MARRIED   Balti	more County MD.
10 (	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	
7	BAITO	FRANKLIN SOUARE HOSP BOARD O	
USU 13a.	STATE 136 COUN		
14.4	MD. BA	1170 ROSSVIIIE YES NOW 919	MIDDLESEX RD.
ša.	FIRST	MIDDLE LAST FIRST MIDDLE	P:2 LAST
/ 16a	WILLIAM WAS DECEASED EVER IN U.S. AR		BRUSH
1		NNK 216-24-2547 DOROTHY (WIFE)	SAME AS ABOV
	1-2	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	TECAUSE(0) cardio pulmonary arrest  DUE TO, OR AS A CONSEQUENCE OF  ( (b) myocardial infarction	
	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c) Chronic renal failure	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1101
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \text{NO} \)
-/-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TO	OWN COUNTY STATE
	22a.1 certify that (1) (this hasai	ital) attended the deceased from March 25 179 to May 1	2 , 19.79 , that (I) (we) last
	saw the deceased alive an above, (1) (we) (did) (did no	n $\underline{\text{May }12}$ 19 $\underline{\text{79}}$ , and that in (my) ( $\underline{\text{our}}$ ) opinion death accurred on the obly ofter death.	
	226. SIGNATURE	DEGREE  ATTENDING MEDICAL STA	AFF 5/12/79
	of Cho	PHYSICIAN   DIRECTOR   PHYS	ICIAN LA
/	22d. PHYSICIAN'S NAME (TYPE O		ICIAN LA OJI SCI I I
/		ORPRINT) 22R ADDRESS 9000 Franklin Squa	
/   23a	BURIAL, CREMATION, REMOVAL	22R ADDRESS  9000 Franklin Squa L 23b. Date 23c Name of Cemetery or Crematory 23d. LOCATION	are Drive 21237
	BURIAL CREMATION REMOVAL	22R ADDRESS  9000 Franklin Squa  L 23b. DATE  23c NAME OF CEMETERY OR CREMATORY  5/14/79 CEDAR HILL  134	county STATE RISS REGIONAL SIGNATURE

88101-

disconnection

Allegations by your to the sale and other other

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FOR DEPARTMENT OF HI

1 - STATE
REGISTRAR
CERTIFIE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10789

								REG NO.					
		CEASED NAME FIRST		MIDDLE	L	AST		F DEATH MONTH	DAY	YEAR	26 HOL	JR	
ij		Helen	10-11	Eileen	But	anis	May	9, 1979			1	М	
	3 SEX	X	4 RACE		5 DATE C	DAY YEAR	6 AGE (IN)	YEARS LAST BIRTHDAY)	IF UNDER	DAYS	H UNUER	74 HRS	
		Female	White		Jul:	y 11, 1925	53	IKS					
-	C	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1		(aryland Ity or town of death	U.S.		WIDOWE	DR OTHER INSTITUTION		Baltimore County, MD					
0	1	Parkville	1719	Wycliffe	Road	OK OTHER INSTITUTION	126 USUAL OCCUPATION (1196 OF WORK FOR MOST OF WORKING LIFE)  Case Worker Social Servic						
10	13a S		DENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS										
9	_	Company of the Compan	timore	Parkvi	lle	YES NOX		9 Wycliff	e Roa	d			
	14.FA					TS MOTHER'S MAIDEN NA	WE	-000					
2		Lawrence		Caples		Mary		ANDMER	Hi	nes			
F	- 61		MED FORCEST		HA SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					***			
	1	Vo I		214-20-0									
	5.1	II CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	by one count per DBV	Love to col. 19 um	Cina	malosi	8		1-2	TWEEN	STATE AND	DEATH	
	10		TE CAUSE (0)			^		7			_	-	
		1627	DUE TO	AS A CONTROLE	NCE OF	in love	mos	ina lu	ug (	26	7		
	11.5	Conditions, if any, which gove rise to immediate	(6)	·····	ges			-24	1	( P	-	-	
		underlying couse last	DUE TO O	R A5 A CONSEQUE	NCFOF				1				
		PART 7. OTHER SIGNIFICANT	CONDITIONS C	DATEBURNETO	WATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	SECRECONDITION I	SD/EN IN E	ART VO		=	
	Z	100 standardening		119		NAME OF THE PARTY			111100000	SHALL S			
	CERTIFICATION	THE DATE OF OPERATION	1th COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUT	OPSYT 266 IF	YES, WERE	FINDS	IGS USE	D	
2	TIFE			4-5-2			VES 🗆	NOX III	YES [	MUSES	NO [		
1	CER	THE ACCIDENT WAS UNDERLYING	716 TIME C	M MONTH DA	V YEAR	ZIC HOW INJURY OCCUP	BED HHIEN	ATLES OF SHARES IN ITEM	E PART I ON	MI SW		. 3	
	CAE	OF CONTRIBUTING CAUSE OF DE	WHITE SHEET STATES OF THE STAT		19								
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	ARM: ETC.)	211 LOCATION	1	TIT OR TOWN	cou	ntr	1	TATE	
	~	What I not what I			16	- 1	-	Lan	-	19			
		27s.1 certify that (I) (this hosp	not granded to	e deceased from	11/	19_6	, to	1.009	19_/		that (U.)		
		sow the receased obveron obove, if (we want due no	view the by	army seath		ed that in (my) ( <del>one a</del> pinion	death occurr	ed on the days and I				oted	
		77h SIGNATURE	DIK	2 Jan	,	DEGREE	# MEDICAL	STAFF	22	DATE	EIGNED	103	
		CV14	wix	sprin			DIRECTOR	STAFF		0/1	1//	7	
		224 PHYSICIAN'S NAME ITHE				77e ADDRESS				1		'	
		Frank T. Kasi				9005 Harford							
	- 0	BURIAL CREMATION, REMOVAL		The second second second	STATE STATE STATE OF THE STATE	EMETERY OR CREMATORY	City	DR TOWN	сринт			ATE	
	_	Burial	May 12	,1979 Je	ssops	Church Cemet	ery S	parks	Balto				
		UNERAL DIRECTOR		ADDMESS.		rk Road 256 DA	F REC D BY	EUSTRARIZSE REG	BIRARSS	IONAT	UNE		
	Ru	ck Towson Funer	al Home	, Inc. To	wson,	Md.21204	W1	1070	the same	Sol	2 .		

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10790

FOR STATE REGISTRAR			HEALTH AND MENTAL HY	YGIENE REG. N	79	-10	790
I. DECEASED NAME FIRST	Jan BUTER	E	LAST	May 23,	MONTH DAY	Y YEAR	26. HOUR 5:00A
3. SEX	4 RACE	5 DATE	E OF BIRTH	& AGE (IN YEARS LAST BIT		UNDER I YEAR	# UNDER 24 HRS
Male	White	*°	NTH DAY YEAR	87		ONTHS DAYS	HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Netherlands	76 CITIZEN OF WHA	T COUNTRY?	NED NEVER MARRIED	9 BALTIMORE CITY	ore Cou		MD.
Rossville	(IF NOT IN SUCH FAC	PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS!  n Square	e or other institution Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Painter		INDUSTRY	employe
USUAL RESIDENCE IN NURSING HOME 130. STATE 136 CO Maryland	UNTY 13c.	nesidence before admission CITY OR TOWN altimore	N) 134. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2717 OVE	rland	Aven	iue
14 FATHER'S NAME FIRST UNKNOWN	WIDDLE	LAST	IS. MOTHER'S MAIDEN N FIRST Unkno	MIDDLE		LAS	51
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO		ADDR	ESS		
No		15-05-719	7 Jan E. Bu	ter 9225	Wind:	ing W	ay 2104
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, ORAS	bar pneumor  A CONSEQUENCE OF  TICATOITIS	nia with perit	conitis		APPROX SETWEEN	MATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING			UT NOT RELATED TO THE TER	20a AUTOPSY?	206. IF YES, Y	WERE FINDI	NGS USED S OF DEATH?
00 000000000000000000000000000000000000	DEATH HOUR A.M.	JURY MONTH DAY YEA	R	YES A NO	YES		но 🗍
OR CONTRIBUTING CAUSE OF ITE EITHER, NOTIFY MEDICAL EXAMIN  214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF IT (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FARM, ETC	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a I certify that ( this ho saw the deceased alive obove. ( well (did) (shake)		19 /9	ord that in ( (our) apinio	to May 2	3 19 ate and hour a	79 and from the	that of (we) last couses stated
278 SIGNALIRE DUGIN	ts		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🖄	5/2:	SIGNED 3/79
Gaspar D	elMonte	MD	9000 Frai	nklin Square	Dr. 21	.237	
230. BURIAL, CREMATION, REMOV. (SPECIFY) Burial	236. DATE 5/25/7		cemetery or crematory uel Lth.Cem	Baltimo	re		Marylan
24 FUNERAL DIRECTOR NAME Lassahn Fune1	ral Home	7401 Bel	air Road	MAY 2, 8 19	25b. REGISTRA	RIS SIGNAT	Ma Cready

DHMH-16 20M {VRA 15, 4} 7/7B

nding physicion and completely filled in by the funeral carbonpapers. Pages 1 and 2 should be filed within 72

njury, ar ather traumatic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the hospital or

attending physician

IMPORTANT: If Hem 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	9	
	1	79

REGISTRAR		CE	KIIFICATE OF DEATH	REG. N	0.10	10.	
1. DECEASED NAME FIRST		WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Raym	ond	G.	BUXENSTEIN		5 30	79	B:10 A M
3 SEX	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIR		JNDER I YEAR	
Male	Whi	te	October 4, 1931	47	YRS	THS DAYS	HOURS MIN
70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	Δ 1	ARRIED NEVER MARRIED	Baltimore City of	COUNTY O		MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
Towson	Greater		Medical Center	Engineeri	ng Test	- Bla	ck & Deck
USUAL RESIDENCE (IF NURSING HOM 130 STATE Maryland 13b C	WE OR OTHER INSTITUTION OUNTY altimore	136 CITY OR TOWN Parkville	113d. INSIDE CITY LIMITS?	13 SIREEL ADDRESS Dalt	on Rd.	212	234
14 FATHER'S NAME  Raymond	MIDDLE .	Buxenstei	n Elizabeth			Kol	arik
160 WAS DECEASED EVER IN U.S		166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDR	ESS		
Yes NO OR UNKNOWN) (IF YES	rean War	215-28-203	B Doris M. Bu	exenstein	Same		
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O  DUE TO, O  DUE TO, O  C  C  DUE TO, O	r as a consequence	of rkinson's disea		IDITION GIVEN	IN PART 10	(0)
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? YES 🛣 NO	206. IF YES, WIN CERTIFYIN	NG CAUSES	INGS USED S OF DEATH?
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM  TIG. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK	HOUR A	OF INJURY  M. MONTH DAY  M.  OF INJURY  REET, FACTORY, OFFICE, FARM, E	19 21f. LOCATION	RRED (ENTER NATURE OF INJU		OR PART 2)	STATE
220. I certify that X (this h saw the deceased alive above, A (we) (did) (di			May 26 19 79 ond that in XX (our) apriliar	to May	30 , 19. ote and hour ar		
226. SIGNATURE	Ana		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	5-30	0-79
22d. PHYSICIAN'S NAME (T	s C. Brow	n, M.D.	22. ADDRESS 6701 N. Ch	arles St. To	wson, M	ld. 2	21204
23a BURIAL, CREMATION, REMO (SPECIFY) Burial	June 2		ens of Faith	CITY OR TOWN	>Baltim	ore,M	laryland

Balto, Md.

250 DATE REC'D. BY REGISTRAR 256. RE

1979

DHMH - 16 50M 1/76 (VR A 15 (4))

# 6

death. Page

within 24 hours ofter

the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10792

ı	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		
1	I. DEC	CEASED NAME FIRST		MIDDLE	~	AST	20 DATE OF DEATH	MONTH	DAY YEAR 26 HOUR-30
١		KICH	ARd	R.	6	MERON		1-	6-1 1 6 AM
I	3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS HOURS MIN
ı		Male	White		Apr	11 23,1910	69	YRS	
J	CC	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED TO	9 BALTIMORE CITY C		
		aryland	U.S.A		WIDOWE		Baltimor		
I		Y OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LI	
4		lite Hall		Bernoudy		d	Business	Mgr.	Trucking
	130. S	TATE 136 COUNTY LAND BAIL	imore	White H		YES NO X		oudy	Road
I	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAST
Ċ		B. Frank	klin (	Cameron	77	Mary			Royston
I	160 W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI		17 INFORMANT	100		rnoudy Road
ı		(es W.)	V. 2	218-32-	2371	Ruth Ann I	esota, Wr	ite	
I		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per	line for (o), (b), and	l ic	7+1.5	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (0)	arun	ong	100	Jon		
ı		1337	DUE TO, O	R AS A CONSEQUE	NCE OF	8			7.5
ı		Conditions, if ony, which gove rise to immediate	(b)						
ı	7.0	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCEOF				E DAY OF THE SE
1			(c)						
ı	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GE	VEN IN PART 1(a)
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDINGS USED
á	TIFIC	NAN: 197	9 Cx	1-0 Co	low		YES NO		FYING CAUSES OF DEATH? ES NO
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O		V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)
	AL	OR CONTRIBUTING CAUSE OF DE	1111		19				
ı	MEDICAL	21d. INJURY OCCURRED	21a PLACE	OF INJURY	PAA FTC )	211 LOCATION STREET	CITY OR TO	VN	COUNTY STATE
1	2	AT WORK AT WORK					- 1	1	
		220.1 certify that (I) (the hosp	41 /	e deceased from	41	16/79_, 19	_, to	179	. 19, that (I) (vse) last
		saw the deceased alive an above, (I) (we) (did) (defect	t) view the bod	after death.		nd that in (my) (🗪 ) apinion o	deoth occurred on the d	ate and ho	
		22b. SIGNATURE	-7.		1	DEGREE ATTENDING	MEDICAL STA	FF	221. DATE SIGNED
4		10. 14.	Tra	wee-	[1.	PHYSICIAN U	DIRECTOR   PHYSK		13/4/79
		A. H. F.R.	RPRINT) FINGE	- M.D		220. ADDRESS PJ7	KKTON,	Ma	1,21120
	He. 8	URIAL CREMATION, REMOVAL	23b. DATE	23c. N		EMETERY OR CREMATORY	23d. LOCATION		COUNTY STATE
	E	urial	May 9.	1979 Mt	. Zi	on Cemetery	Freelan		lto., Maryland
1	TH FU	NEPACTORICTOR	1	ADDRES5			E REC'D. BY REGISTRAR	25b. RE 078	TRAR'S SIC NATURE
	>	X Xartous	PNA	New F	reed	lom, Pa. ML	1Y 1 0 19/9	pro	

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 may the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

WAPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at and

26.101-6					
			I INTERNATION		
			X		
anciony Frest advices			met cost		
The property of the second of		Today of	ing enomials	the street	
I not show	4				
		MENERAL -	ALC: NO.		
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W. 1 1 P. W. 24 2 1 1 5 W.	4/7	3.3	U BUNNER		
e • • • • • • • • • • • • • • • • • • •					

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	 1	0	7	9	3

					CERTIFICATE OF		REG.	NO		
		CEASED NAME FIRST		MIDDLÉ	LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)		M (	LAR PHIN	12	3	5-	19-79.	8-53 A
	3. SE>	X	4 RACE		5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 H
	1	Fernale	CA	u.	111014111	, 1909	70	YRS		TICORS M
	7e. BII	RTHPLACE (STATE OR FOREIGN	16 CITIZEN O	F WHAT COUNTRY	? 8 MARRIED NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
50		MAryland	U	-S.A.	WIDOWED	DIVORCED [	13 A 17	0.6	0.	
55	10 C1	And All Stew	(IENOTINS	F HOSPITAL, NURS	TADDRESSI G.	+05p	TYPE OF WORK FOR MOS' SCAMS		IFE) INDUSTRY	of Business othin
35		AL RESIDENCE (IF NURSING HOME STATE 13b, CO		ON GIVE RESIDENCE BEFORE  12 SITY OR JOY  RELSTE	WN 13d. INSIDE	NO P	13e STREET ADDRESS	Inde	Llea	Au
	14 FA	ATHER'S NAME	MIDDLE	TPAL	15. MOTHE	R'S MAIDEN NA	ME MIDDLE		2 / LA	ST /
030		Kinsey 1	nonvo	= IAY	Lov h	eTTie	My	rhe	Hu	ghes
0 /		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES			TINAM	AOD	905 A	Lindelle	a Au
		no	1000	218-01-	7732 Geo	rge /r	14 LOV I	eist	erstou	my W
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause p							ONSET AND DE
			IATE CAUSE (a)	C. U. A	, eler c	ongener	e heard	fair lux	e	
8		4279	DUE TO,	OR AS A CONSEQU	UENCE OF	4	0	6		
000		Conditions, if any, which	( ib).		e pc	Jumen	celen	-		
		gave rise to immediate couse (a), stating the	DUE TO.	OR AS A CONSEQU	UENCE OF		1	f	hmia	
0		underlying cause last	-	W 3 4 m 4						
			( (c)_	(COI)	nintery are	ent (	archae (	Tr. Di	7117	
17. 10	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS		DEATH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE OR CO	INDITION G		
allow, as	NOIL	PART 2 OTHER SIGNIFICAN	he he	on due	DEATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	a
S which which is	THECATION	PART 2 OTHER SIGNIFICAN	he he	on due	DEATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR CO	20b. IF YI		o NGS USED
2 9	CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CON	CONTRIBUTING TO	DEATH BUT NOT RELATED AND A PER ATION WAS PER 1216 HOW	FORMED	100 AUTOPSY?	20b. IF YI	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH?
2 9 9	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  14 LANG SI CAS  190 DATE OF OPERATION	196 CON  196 CON  DEATH HOUR	CONTRIBUTING TO	DEATH BUT NOT RELATED AND A PER ATION WAS PER 1216 HOW	FORMED	INAL DISEASE OR CO	20b. IF YI	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH?
10 Mem 18 Mem 100 Mem	NEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	196 CON  196 CON  DEATH HOUR  21e. PLAC	CONTRIBUTING TO  CONTRI	DOEATH BUT NOT RELATED TO THE PROPERTION WAS PER 216. HOW 19 211. LOCA	TED TO THE TERM  H11  FORMED  INJURY OCCURI	INAL DISEASE OR CO	20b. IF YI IN CERT Y	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH?
reed or them 18 shows any artury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	196 CON  196 CON  DEATH HOUR  21e. PLAC	CONTRIBUTING TO  CONTRIBUTING  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING  CONTRIBUTI	DOEATH BUT NOT RELATED TO THE PROPERTION WAS PER 216. HOW 19 211. LOCA	TED TO THE TERM  H11  FORMED  INJURY OCCURI	INAL DISEASE OR CO	20b. IF YI IN CERT Y	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH?
n moreed or them 18 shows any artury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  220.1 certify that (1) (this ha	19b CON 19b CON 21b. TIME HOUR 4ER) 21e. PLAC (AT HOME,	CONTRIBUTING TO  CONTRI	DO DEATH BUT NOT RELATED TO THE PROPERTION WAS PERD AND YEAR 19 211. LOCA STREET, 19 2111. LOCA STREET, 19 211. LOCA STREET, 19 211. LOCA STREET, 19 211. LO	FORMED  TION  TION  TO THE TERM  TO THE TERM	INAL DISEASE OR CO	20b. IF YI IN CERT Y JURY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH? NO STATE
21 a marked at firm 18 stown any artury, at	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  PRODUCTS  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOT IFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	19b CON 19b CON 21b. TIME HOUR 21e. PLAC (AT HOME. spitol) ottended on 5	CONTRIBUTING TO  CONTRI	DOEATH BUT NOT RELATED AND AND AND AND AND AND AND AND AND AN	FORMED  TION  TION  TO THE TERM  TO THE TERM	INAL DISEASE OR CO	20b. IF YI IN CERT Y JURY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH? NO STATE
Rem 21 is morked at Nem 18 slows day artury, as	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  270.1 certify that (1) (this ho saw the decessed alive above, (1) (we) (did) (did 22b. SIGNATURE	196 CON 196 CON 216. TIME HOUR 21e. PLAC (AT HOME, spitol) ottended on not) view the bo	CONTRIBUTING TO  CONTRI	DO DEATH BUT NOT RELATED TO THE PROPERTION WAS PERD AND YEAR 19 211. LOCA STREET, 19 2111. LOCA STREET, 19 211. LOCA STREET, 19 211. LOCA STREET, 19 211. LO	FORMED  FORMED  FORMED  FORMED  FORMED  FORMED  FORMED  FORMED  FORMED	INAL DISEASE OR CO	20b. IF YI IN CERT Y JURY IN ITEM 18 OWN	ES, WERE FINDI IFYING CAUSES (ES	NGS USED 5 OF DEATH? NO
(Triff frem 21 is marked at firm 18 stores any unury, as	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE ATWORK NOT WHILE ATWORK NOT WHILE Sow the deceosed alive above, (I) (we) (did) (did 22b. SIGNATURE	19b CON  19b CON  21b. TIME HOUR  21e. PLAC (AT HOME.  spitol) ottended on 5 not) view the bo	CONTRIBUTING TO  CONTRI	DEGREE DUT NOT RELATED TO THE LATED TO THE L	FORMED  INJURY OCCURI  THON  THON  THON  THON  THON  THON  THON  THE THON  T	INAL DISEASE OR CO	20b. IF YI IN CERT Y JUURY IN ITEM 18 OWN date and ha	ES, WERE FINDI IFYING CAUSES (ES	NGS USED 5 OF DEATH? NO STATE
CLANT, if from 21 is moreled as from 18 shows any unjury, as	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK NOT WHILE SOW the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE  22d. PHY SICIAN'S NAME (TYPE	196 CON  196 CON  216. TIME HOUR  21e. PLAC (AT HOME.  spitol) ottended on 5 not) view the bo	CONTRIBUTING TO  CONTRIBUTING  TO  CONTRIBUTING TO  CONTRIBUTING  TO  CONTRIBUTIN	DEGREE	TION  TO THE TERM	VED COLOR OF THE C	20b. IF YI IN CERT YOURY IN ITEM 18	COUNTY  COUNTY	STATE  that (I) (we) couses stated
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MPORTANT, if them 21 is morked at them 8 stillows day argury, as	MEDICAL	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220. I certify that (I) (this ho saw the deceosed alive abave, (I) (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE  22d. PHYSICIAN'	21b. TIME HOUR  21e. PLAC (AT HOME, spitol) ottended on not) view the bo  Shel- TE OR PRINT)  3 HAH  AL 23b. DATE	CONTRIBUTING TO  CONTRIBUTING	DEGREE	TION  ATTENDING PHYSICIAN  RESS  TRESS  TREST  TRESS	WEDICAL DIRECTOR PHYSICAL DIRE	20b. IF YI IN CERT Y JURY IN ITEM 18 OWN  date and ha	COUNTY  LES, WERE FINDING CAUSES  COUNTY  COUNTY  COUNTY  22c. DATE  S-1	STATE  that (I) (we) couses states  SIGNED  Ampit
MPORTANT, if them 21 is morked at them 16 steems day arjury, as	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETIMER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED AT WORK  AT WORK  220. I certify that (I) (this ho saw the deceosed alive above, (I) (we) (did) (did  22b. SIGNATURE  Q	21b. TIME HOUR  21e. PLAC (AT HOME, spitol) ottended on not) view the bo  Shel- TE OR PRINT)  3 HAH  AL 23b. DATE	CONTRIBUTING TO  CONTRI	DEGREE  DEGREE	TION  ATTENDING PHYSICIAN  RESS  TRESS  TREST  TRESS	WED CALL DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DI LICINI DIVISIONI DIVISIONI DIVISIONI DI LICINI DI LIC	20b. IF YI IN CERT Y JURY IN ITEM 18 OWN date and ha	COUNTY  LES, WERE FINDING CAUSES  COUNTY  COUNTY  COUNTY  22c. DATE  S-1	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

OR ATTENDING PHYSICIAN, The

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retained by the hospital or

TO HOSPITAL

willing the et things And the Brown do by I we - The Control of the many a straight of plants and an are smaller accounted Media on the SIMP W A

impletely filled in by the

injury, or other troumotic event, the

and Mental Hygiene prior to burial,

MPORTANT: If Hem 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

completely filled

# STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCHENE

20 10701

Н	1-	STATE REGISTRAR			DEPARIM		ICATE OF	DEATH	IENE	REG. NO.	19-10	194
		CEASED NAME OR PRINT)	FIRST	N	NDDLE	ı	AST		2a DATE OF D		DAY YEAR	2b. HOUR
	TITPE	OR PRINT)	ATMA F	. CARC	OUGE					5/	25/79	3:30a M
2	3 SEX	(		ACE		5 DATE C				RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Cauca	asian	10	16/96	YEAR	82	Y	RS.	HOURS MIN
11		RTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED [	9. BALTIMORI	ECITY OR COL	JNTY OF DEATH	
0	-	elaware		USA		WIDOWE		ONORCED		imore C		MD
1	10 CI	TY OR TOWN OF DEA	TH 11.		OSPITAL, NURSIN		OR OTHER IN	STITUTION	12a. USUAL OC		126 KIND (	OF BUSINESS OR
6	_	Towson		Freater	Baltimo	re Me	dical	Center	Teach		alto.Ci	
1	13a. S	AL RESIDENCE HE NURSE STATE Caryland	NG HOME OR OTH		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltime	'N	13d INSIDE	CITY LIMITS?	13e STREET AU		ev Aven	ue
		THER'S NAME						R'S MAIDEN NA				
(		Wilber	H		Erdma			FIRST A	Je:	nnie		Reese
5		VAS DECEASED EVER	IN U.S. ARME[ (IF YES, GIVE WA		166 SOCIAL SECU	RITY NO.	17 INFORA			ADDRESS	Canter	
		Conditions, if ony, gove rise to imm cause (o), stotin underlying couse	which dedicate g the lost	DUE TO, OF	Hepatore  R AS A CONSEQUE  POS TRECTO  R AS A CONSEQUE  DITRIBUTING TO	ENCE OF DIC C	irrhos	enc sis of 1	ephalop iver		N GIVEN IN PART 1	(0)
	NO											
1	CERTIFICATION	19a. DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERI	FORMED	YES T		IF YES, WERE FINDS ERTIFYING CAUSES YES	
1		21a. ACCIDENT WAS UND OR CONTRIBUTING [] C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH D.	AY YEAR	21c. HOW	INJURY OCCURI	RED JENTER NATU	IRE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WE AT WORK AT WO	TILE [	21e. PLACE (	OF INJURY BEET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCA STREE			CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) sow the decease above, (I) (we) (d	d olive on	5/25	19	79 .		y) (our) opinion		/25/79 on the date on	d hour and from the	
		226 SIGNATURE	Ex	Felan			DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN		25/79
		Joh	m E. A		M.D.		22e. ADDR	1 N. Ch	arles S	t., Bal	to., MD	21204

DHMH - 16 50M 1/76 (VR A 15 (4))

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 24. FUNERAL DIRECTOR

23b. DATE

/29

Parkwood Cemetery

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Parkville Baltimore Md.

to son to the first training bed to the form Tribut of the 184 to 184 Solve Manager of the Company of the Assertation of the Company of the Co SPHANNE A STREET LANGUAGE

requires that the death certificate be executed within 24 hours ofter

TIENDING PHYSICIAN: The low

TO HOSPITAL

BP.

DHMH-16 20M (VRA 15, 4) 7/7B

retained by the hospital or attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	7	9	-	-	0	7	9	5	)

/						REG. N				
		CEASED NAME FIN	ST MIDDLE		LAST	2e. DATE OF DEATH	MONTH DA	Y YEAR	2h. HOUR	
	1,,,,		Edwin Carl	Carter		May 25.	1979		7:28	3P
	3. SE)		4 RACE	5. DA	TE OF BIRTH	& AGE (IN YEARS LAST BIR	(PAY)	FUNDER I YEAR	IF UNDER 2	_
		Male	White		ONTH DAY YEAR V 4. 1917	61	YRS	DAYS	HOURS	MIN
2 4		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT	COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
3.5		Maryland	USA	WIDO	OWED DIVORCED	Baltimor		nty,		M
	10 CI	TY OR TOWN OF DEATH		TAL, NURSING HOA	AE OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					S OI
27		Rossville		a Square		Claim Inve			State	0
35	13a. S	STATE 13b		ESIDENCE BEFORE ADMISSI LITY OR TOWN DOVET	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 7416 Brook	boows	Avenu	е	
230	14. FA	THER'S NAME FIRST Walter	Korytkowski	LAST	15. MOTHER'S MAIDEN N	ame Lewandowski		L/	AST	
1		VAS DECEASED EVER IN U	S. ARMED FORCES? 166 S	OCIAL SECURITY N		ADDRE				
		les		5-05-5081	Antoinette	Carter 7416	Broo!	kwood	Ave	21
		Conditions, if any, wh						-		
	ICATION	gove rise to immedia couse 101, stating underlying couse la	oth of the control of	A CONSEQUENCE O		28e AUTOPSY?	20h. IF YES,	WERE FIND		?
1	RTIFICATION	gove rise to immedia couse 101, storing underlying couse lo PART 2 OTHER SIGNIFIC 1% DATE OF OPERATION	ote (b) the DUE TO, OR AS A (c) ANT CONDITIONS CONTRI	A CONSEQUENCE O	BUT NOT RELATED TO THE TER	280 AUTOPSY?	20h. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USED	?
1	CERTIFIC	gove rise to immedia couse 101, stating underlying couse le PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	ich of the of th	BUTING TO DEATH  FOR WHICH OPERA  JRY MONTH DAY YE	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  AR  19	28e AUTOPSY?	20h. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH	?
1	MEDICAL CERTIFICATION	gove rise to immedia couse lot stating underlying couse lot PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST	ANT CONDITIONS CONTRI  19b. CONDITION  100 DEATH  110 PLACE OF INJU  1	BUTING TO DEATH  FOR WHICH OPERA  JRY MONTH DAY YE	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  216 HOW INJURY OCCU  AR  19  211 LOCATION	280 AUTOPSY?	206. IF YES, IN CERTIFY YES, RY IN ITEM 18, PAR	WERE FIND ING CAUSE	INGS USED S OF DEATH	
1		gove rise to immedia couse 101, stoting underlying couse le PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK  22a I certify that (Mythis sow the deceased of obove. M (we) (did)	ANT CONDITIONS CONTRI  1 19b. CONDITION  1 19b. CONDITION  1 19b. TIME OF INJUMENTAL MOUR A.M. A  1 AND CONDITION  2 1 b. TIME OF INJUMENTAL MOUR A.M. A  2 1 c. PLACE OF INJUMENTAL MOUR A.M. A  2 1 c. PLACE OF INJUMENTAL MOME, STREET, FACTOR A.M. A  AND CONDITION  AND CONDITI	BUTING TO DEATH  FOR WHICH OPERA  JRY WONTH DAY YE  JURY CTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  AR  19  216 HOW INJURY OCCU  STREET  19  19  19  19  10  10  10  10  10  10	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TOY	20h. IF YES, IN CERTIFY YES AT IN ITEM 18, PAR	county	INGS USED S OF DEATH NO STAIL	re e) lo
1		gove rise to immedia couse 101, stating underlying couse le  PART 2 OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IFETIMER, NOTIFY MEDICAL EX. 210. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EX.  220. I certify that (Mythis sow the deceased of obove 10 (we) (did) ( 22b. SIGNATURE	ant CONDITIONS CONTRI  ING 19b CONDITION  OF DEATH MAINER)  21b TIME OF INJU- HOUR A.M. A P.M.  21c PLACE OF INJ (AT HOME, STREET, FAI  hospital) attended the dece ive an May 25  didn't view the body after a	BUTING TO DEATH  FOR WHICH OPERA  JRY WONTH DAY YE  JURY CTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  21c HOW INJURY OCCU  AR  19  21f LOCATION  5TREET  19  DEGREE  ATTENDING PHYSICIAN	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TOY	20b. IF YES, IN CERTIFY YES, YES, YES, THE TEM 18, PAR	COUNTY  22c. DATI	INGS USED S OF DEATH NO  STA'	re e) lo
1		gove rise to immedia couse 101, stoting underlying couse le PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK  22a I certify that (Mythis sow the deceased of obove. M (we) (did)	DUE TO, OR AS A  LECTOR OF THE CONTRIBUTIONS  ANT CONDITIONS CONTRI  19b. CONDITION  19b. COND	BUTING TO DEATH  FOR WHICH OPERA  JRY WONTH DAY YE  JURY CTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  21c HOW INJURY OCCU  AR  19  21f LOCATION  STREET  19  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  A death accurred on the di  MEDICAL STAI	26h. IF YES, IN CERTIFY! YESA RY IN ITEM 18, PAR VIN 25 , 19 pate and hour of	COUNTY  22c. DATI  5/2	stal	re e) lo
1	WEDICAL	gove rise to immedia couse lol, stating underlying couse le  PART 2 OTHER SIGNIFIC  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX.  21d INJURY OCCURRED AT WORK  22e I certify that (Mythis sow the deceased of above. A (we) (did) (  22b. SIGNATURE  Meena Rae  SURIAL, CREMATION, REM	ich ote to the ote of	BUTING TO DEATH  FOR WHICH OPERA  JRY MONTH DAY YE  JURY CTORY, OFFICE, FARM, ETC.  POSED from MAY  Geoth.	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  21c HOW INJURY OCCU  AR  19  21f LOCATION  STREET  19  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	286 AUTOPSY?  YES  NO CITY OR TOW  CITY OR TOW  MEDICAL STAI  DIRECTOR PHYSIC  Clin Square  1334 LOCATION	20h. IF YES. IN CERTIFY YES. RY IN ITEM 18, PAR  25 19 pte and hour of	county  221. DATI  5/2  We 21	stal (we e couses state E SIGNED 6/79	e) los
	WEDICAL	gove rise to immedia couse lot, stoting underlying couse lot PART 2 OTHER SIGNIFIC  1% DATE OF OPERATION  218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX, AT WORK NOTIFY MEDICAL EX, AT WORK NOTIFY MEDICAL EX, AT WORK NOTIFY MEDICAL EX, 224 L certify that (Mathis sow the deceosed of obove, M (we) (did) ( 225. SIGNATURE  Meena Rae	ich ote to the ote of	BUTING TO DEATH  FOR WHICH OPERA  JRY MONTH DAY YE  JURY CTORY, OFFICE, FARM, ETC  FOSED from MAY  19 79  deoth.	BUT NOT RELATED TO THE TER  TION WAS PERFORMED  216 HOW INJURY OCCU  AR  19  216 LOCATION  STREET  19  217 LOCATION  DEGREE  ATTENDING PHYSICIAN  228 ADDRESS  9000 Frant  DEFCEMETERY OR CREMATORY  ens of Faith	286 AUTOPSY?  YES  NO CITY OR TOWN  CITY OR TOWN  MEDICAL STAI  DIRECTOR PHYSIC  23d. LOCATION  CITY OR TOWN	28h IF YES. IN CERTIFY! YES. RY IN ITEM 18, PAR  VN  25, 19 cote and hour of	county  22c. DATI  5/2  COUNTY  9 79  17 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	stall	e) lo

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the offending physicion and the remove corbon popers. Program

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The or offending physicio

etoined by the hospital TO HOSPITAL

BP

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-10796

REGISTRAR		CENTIII	ICAIL OI DEATH	REG. NO.		
1. DECEASED NAME FIRST	WIDOLE		LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
(TYPE OR PRINT)  Hartma	n Gilson	Carter		May 27, 197	79	2:50P M
3 SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHD		
Mle	White	9	ne 5,1916 EAR	62	YRS MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	4.5.7.	WIDOWI		Baltimore	County	MD,
Rossville		Sestreet ADDRESS HO	or other institution	TYPOF WORK FOR MOST OF W		of Business or Lity
USUAL RESIDENCE (IF NURSING HOME	NOTHER INSTITUTION GIVE RESIDENTE.	DENCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?	13. STATE PADERESS	ale Avenue	- 21237
14 FATHER'S NAME Anthur Carte	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRS FLore	nce Mongan	LA	AST .
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOC VE WAR OR DATES) 213-	-03-6338	Mrs. Marie L	· Carter - 9		21237 2 Ave
Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	atory Arrest			
underlying cause last PART 2 OTHER SIGNIFICANT	conditions contributiver Disease					
Metastatic I	196. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	HOUR A.M. MO		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY)	IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF B	21e PLACE OF INJUR (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TOWN		STATE
220. I certify that (this has sow the deceased alive above, (we) (did)	n May 27	19 19 0	nd that in (aur) opinion  DEGREE  ATTENDING	, to May 27 death accurred on the date	e and hour and from the	E SIGNED
22d PHYSICIAN'S NAME (TYPE			PHYSICIAN [	DIRECTOR PHYSICIA	May	27, 1979
	tabai, M.D.			in Square Dr	ive 21237	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5-31-79	44 4 6	EMETERY OR CREMATORY	23d. LOCATION CHY Balto.	Md COUNTY	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

Miller Inc-6415 Belair Rd. -21206

1979

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Constitution of the second of

The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 1 minutes efforced by the hospital or attending physician.	0
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in thy the function of the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled within 72 that after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	
MPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumaits event, the medical examiner must be notified of once.	

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-	10	79	7
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ł	REGISTRAR		CLICITI	TEATE OF PEATER		REG. NO.		, , , ,	
ľ	I. DECEASED NAME FIRST	WIDDLE	l l	AST	. 7	20 DATE OF DEATH MONTH DAY	YEAR	26 HOUR	2
I	Sad:	Le	Ca	sey		5/ 15/7		5:23	M
1	3. SEX	4. RACE	5. DATE C				UNDER I YEAR	HOURS MIN	
	Female	White	9	23 9	3	85 85 YRS	IIIIS DATS	HOURS MIN	•
	In BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9	BALTIMORE CITY OR COUNTY OF	DEATH	10.19.0	
	MD.	America	WIDOWE	D DIVORCED		Baltimore Cou	inty		MD.
4	18. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN					126 KIND C	OF BUSINESS (	OR
4	Catonsville	St. Joseph's		ing Home		secretary			
	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW	N	13d INSIDE CITY LIMIT	rs?  1	3e STREET ADDRESS			
4	MD	Baltimo	re	YES NO		412 Rosecroft	Ter	race	
d	14 FATHER'S NAME	MIDDLE		15 MOTHER'S MAIDEN	NNAME	E MIDDLE	LAS	51	
8	Timothy	Casey		Mary			Case	У	
	160 WAS DECEASED EVER IN U.S. AR	F WAR OR DATES!		17 INFORMANT		1222ESTugwe	11 D	rive	
	no	213-03-	6970	St. Jose	ph'	s Nursing Home	/Cat	onsvi	17
	PART I. DEATH WAS CAUSE	10,0000011	ino	bans 1 V	126	Juna Carlina P	BETWEEN	3228 EAT	Н
I	479 5 IMMEDIA	TE CAUSE (a)	NVC	LADGEINE ST	ax	une amine a	VILA	2	
1	1010	DUE TO, ON MA CONSTRUCTOR	NCE OF	Var ation	10	V Dinon	113		
ı	Canditions, if ony, which gove rise to immediate	(b) V D LA LO LC	GALL	anouc.	7	1 - DIMENESE			_
	couse (a), stating the underlying couse lost	DUE TO, OR AS A GONSEQUE	1520	TU CALL	ak	510	2330		
ł	PARTA OTHER SIGNIFICANT	(c)	EATH BUT	NOT BELATED TO THE	TERMIN	HALDISEASE OR CONDITION GIVEN	IN PART IS	e i	_
۱		. Walou	BA V	texile:	15.0000	THE DISEASE ON COMMISSION OF CITED	W4 F PORT   13	MI -	
9	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	100	78s AUTOPSYT AND IF YES, W	VERE FINDS	NGS USED	
4	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING					YES NOW YES		NO [	
	210. ACCIDENT WAS UNDERLYING	THE HOUSE A ME MONTH .	V VEAR	SIT HOM INTURY OC	CCURRE	D. TENTER HATURE OF PHAIRT IN ITEM TR. PART.	(ORPART?)	111101	
ı	OR CONTRIBUTING CAUSE OF DE	MIII	19						
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	4 Data   CTC	711 LOCATION		CITY OF TOWN	COUNTY	MATE	
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)		-1	SHOWN THE REAL PROPERTY OF THE PERSON OF THE	-		
1	22a I certify that (1) (this hosp	ital) attended the deceased from		19_	16		77	that (I) (we) l	ost
	saw the deceased olive on	of view the body after death.	, or	nd that in (my) (our) opin	inion de	eath occurred on the date and hour or	nd from the	couses stated	
4	THE SIGNATURE	m. n.	nn V	DEGREE			22c DATE	SIGNED	
J	+Oseph C.	1111use X .1	11.1	ATTENDIN PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	5//	4/4	
	27 PHYSICIAN'S NAME ITTE	of Philipsell		22e ADDRESS			100		
								WITTEN TO	
	230 BURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN CO	UNTY	STATE	
	Rurial	5/17/1070 N	TOUT C	Loubodto		Poltimono M	French	5 ma	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR RUMAN SCHUAB

FREDERICE Ave.

2/229 250. DATE REC'D. BY REGISTRAR'S SUGNATURE

MAY 21 1979 Club Mc Cready

Harmon de grande de la little court de de la little court de la little	E	Caney *		20
AMERICA SERVICE COMMENTARY DESCRIPTION OF SERVICE SERVICES SERVICE	The Earlies of the Landson Lan	92 93		q famel
course? Fiorested III g erositing  stroi [fewar PICL  tymner() and entire Manager . 200 0000 erosit on  3 1918	rimuov stymini	21	oi e	
arted [fewer PSCI transport allegact. SciOCS-IN-SIG transport allegact. Sc	viaconosa	emol naleu	e'Hesen .ja	o Miverota
transcript aldered to the second of the seco	course? disconnel 1114	25	nefd[al	
ivamono\ena paierra simpsto. Colorgo-go-go-go-go-go-go-go-go-go-go-go-go-g				20 20 27
	france (No. 10 and 10 and 10	6970 St. Joseph		

BP. **DHMH-17** (VR A15 ME (5) 15M 7/76

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG.	Nd.	9 -	1	79	8
TE	KNOWN ESTI-	X	HINOM	DAY	YEAR	2b. HOUR
ATH	MATED		5	5	1979	M

	STATE REGISTRAR		N	AEDICAL EXA	MINER'S	CERTIFICATE	OF DEA	TH REG	No. 1	9-1	079	8
	CEASED NAME	FIRST	4	MIDDLE		LAST	2	DATE KNOW	1 X W	ONTH DA	Y YEAR	26. HOUR
	E OR PRINT)	ZAYRE		EMMANUEL		ASTER		OF ESTI-		5 5 ONTH D	19 79	A
3. SEX		4. RACE	5 DATE OF BIR			INDER I YR. IF UNDE		C. DATE RONOUNCED	M	ONIH DI	AT TEAR	12:3
ma	ale	negro			5 YRS.			DEAD		5 5	1979	a .
	RTHPLACE (ST	ATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MAR	RIED NEVER MAR	RIED 🕝	. BALTIMORE CI	TY OR C	COUNTYO	FDEATH	
	Marylar	br	II	. S. A.		WED DIVOR		Baltimor	e Co	ounty		M
0 CI	TY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSING		THER INSTITUTION		AL OCCUPATION		WORK 12b	KIND OF BU	JSINESS
	Essex		Frankl	in Square	Hospit	al	FOR MI	OST OF WORKING LIFE)		1	OK IIVDOST	KI
	L RESIDENCE TATE	(IF IN NURSING HOME O		N, GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	113e STRE	ET ADDRESS				
	iaryland				imore	YES NO		5 Fontan	a La	ane		
	ATHER'S NAME					15. MOTHER'S MAIL					LAST	
	FIRST	rono	WIDDLE	Cas	tor	Gloria	_	MIDDLE	1	Mit	chell	
An V		gene DEVER IN U.S. AR/	MED FORCES?	16b. SOCIALS		17. INFORMANT	d	ADDI	RESS	MILLO	rierr	
{Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)					0000				
						Eugene Ca	aster	8765 For	itana	a Lane	3	
				line far (a), (b), and	(c).)					8	APPROXIMAT	T AND DEAT
	PARTIDE	ATH WAS CAUSED	TE CAUSE (a)	Multiple	injurie	S						
	01111	7 INVIEDIA		OR AS A CONSEQU	JENCE OF							
7	Condition	s, if any, which	1									
,		se ta immediate	(b)_									
	cause (a)	stating the under-		OR AS A CONSEQU	JENCE OF							
	lying cau	se last.	20 May 1997									
	DARY O OVUES OF	CHICLCONY CONOLYIONS	(c)	ATH OUT HOT BELLYED TO	7117 77 8441114 4 447	Ist an country of court of						
NO	PAKI Z DIMEK SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAE OISE	ASE OR CONDITION GIVEN IN I	PAKI I (a).					
CERTIFICATION	190. DATE OF	OPERATION	19b CO!	NDITION FOR WHIC	H OPERATION	WAS PERFORMED?				2	0 AUTOPSY	?
FIC	100										YES X	NO 🗌
RT	21a EXTERNA	AL CAUSE WAS	121h TIAA	F OF INITIPY	[2],	HOW INJURY OCCURE	DED JENTERN	ATLIGE OF INTERVAL	M 10 PART	1 OF PART 2)	112 24	140 🗀
	UNDERLYING	Anna Contraction of the Contract	HOUR	OF INJURY						( OKTAKI 2)		
EDICAL	CONTRIBUTI	NG CAUSE OF			19 79 ]	Pedestrian	struc	c by auto	٥.			
ED	21d INJURY			CE OF INJURY (AT	TOME,	OCATION		CITY OR TOWN		COUNTY		STATE
X	AT WORK	NOT WHILE		oad	Rt.	. 7 so. of		CHT OR TOWN		Balto		Md.
	AT WORK	AT WORK			For	tana Lane						
	22a. I certi	fy that I taak charg	ge af the remains	described above, he	eld an Aut	opsy K., Inspecti	ion .	Inquiry .	and in	my apinia	n	
	death result	ed fram: Natur	ral causes ,	Accident X	Suicide	Hamicide .	Undete	rmined manner	, _			
	dediii reson	1						- THE 2				
		171	1 1	N		TITLE (SPECIFY)	.d.			DATE	5-6-	70
	ACTUAL	61 11.			_	MD Assistan	I MEDI	CALEXAMINER			)-0-	17
	ACTUAL SIGNATURE.	1/10	CX	NO		M.D. TELEVISION		CHELAMINER		SIGNED_		
	SIGNATURE.	1111	CX	NOV						SIGNED_		
		NAME An	n M. Diz	kon, M.D.			l Pen			SIGNED_		
23a B	EXAMINER'S (TYPE OR PRI	N1)			OF CEMETERY	_ADDRESS11	1 Pen	n St.		SIGNED_		
23a, B	EXAMINER'S (TYPE OR PRI	TION, REMOVAL 2	23b DATE	23c. NAME		ADDRESS 11	1 Pen	n St.		COUNTY	_	STATE
(:	EXAMINER'S (TYPE OR PRI SURIAL, CREMA SPECIFY) B	TION, REMOVAL I		23c. NAME		ADDRESS11 OR CREMATORY Cemetery	l Pen	n St.	. Mai	county rylane	d	STATE
(:	EXAMINER'S (TYPE OR PRI URIAL, CREMA SPECIFY)  UNERAL DIRECT	TION, REMOVAL TO LICENSTAND TO	23b DATE 5/9/19	23c. NAME	y Cross	ADDRESS	l Pen	n St.	, <b>Ma</b> l	county rylane RAR'S SIGN	d	

· CC 6 .08 / .1 \_ . C  requires that the death certificate be

10	
X,	
	1

5,6,15,16b g5 5/4/19

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-	10	7	9	9
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	10100
	1 DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		hance	T	5-4-79	3;50AM
	³Måle	<sup>1 R</sup> White	5. DATE OF BIRTH 1 - 26 17	6 AGE (IN YEARS LAST BIRTHDAY)  268 60 61 YRS.	MONTHS DAYS HOURS MIN
35	70. BIRTHPLACE (STATE OR FORE COUNTRY) Md.	IGN 176 CITIZEN OF WHAT COUN	TRY? 8  MARRIED  NEVER MARRIED [ WIDOWED DIVORCED [		
35	Randallstown	Md 11. NAME OF HOSPITAL, NU (IENOT N SUCH FACILITY, GIVES BALTIMOTE C	IRSING HOME OR OTHER INSTITUTION Ounty General Hospi	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING tal Letter arrice	
3.5	USUAL RESIDENCE (IF NURSING 130 STATE	G HOME OR OTHER INSTITUTION GIVE RESIDENCE 136 COUNTY 136 CITY OR Balto Voodla	TOWN 130 INSIDE CITY LIMITS?	6305 Mt. Alto +	lve.
130	Wm. J.	MIDDLE LAST	The state of	llie E. MIDDLE	LAST
1	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 16b SOCIALS IF YES, GIVE WAR OR DATES) 213 0	SECURIO 17 INFORMANT  15 2576 Mildred H.	Chance 6305 Mt.	Alto Ave
	PART I, DEATH WAS	Enter only one couse per line for (0), bs CAUSED BY:  AMEDIATE CAUSE (0) My	cordial In South	in	APPROXIMATE INTERVALE BET WEEN ONSET AND DEAT
		diote the lost (c)	V D		years.
		and old M.	I and Epogenous	so besity	
2	OLA ING. DATE OF OPERATION  210. ACCIDENT WAS UNDER	DN 196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9	OR CONTRIBUTION CAL	JSE OF DEATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL I	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (N	olive on May 4	- 6	on death accurred on the date and ha	, 19 19, that (we)
	22b. SIGNATURE	nan Breeher		STAFF DIRECTOR   PHYSICIAN	5/4/79
1	HERMAN	W BRECHER, 1		lindsor Miss	RD. 21207
	230 BURIAL, CREMATION, RE (SPECIFY) burial	MOVAL 236 DATE 5/7/79	23c. NAME OF CEMETERY OF CREMATOR	Toodlawn Bal	to. Co. Md.
	24 FUNERAL DIRECTOR Starsbu	ry In. 6411 Windso	or Mill Rd.	ATE REC'D. BY BEGISTRAR 24 REGISTRAR	STRARY SIGNATURE

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the haspital ar attending physician.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

Joseph E Chance 17-1-17 Lithore County Randallatown Nd Baltipore County General Hoppical Color M. more I all THE ALL ALL SECTION OF THE SECTION O o dillo The state of the s Marinelas Interior Mark To Mark 12 Year Hornest Breches, Hilly Little Williams Ag 2500

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, I and 2 should be filled within 72 with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or ather troumatic event, the medical examiner must be natified at an

# FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10800

	REGISTRAR			CEKITE	ICATE UF	DEATH		REG. NO.		5 . 0	
	ECEASED NAME FIR	ST ,	MIDDLE	L	AST		20 DATE OF D	EATH M	HTMC	DAY YEAR	2b. HOUR
(11)	PE OR PRINT) .	nrad	A.	Clark	ς			M	ly l	9, 1979	8:05 5
3 S	EX	4. RACE		5 DATE O		1510	6. AGE (IN YEAR	S LAST BIRTHD	AY)	IF UNDER I YEAR	
	Male	Whi	te	May	ווֹי,	1909	70		YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NIEVED	MARRIED [	9 BALTIMORE	CITY OR		Y OF DEATH	
	Lowa	US	SA :	WIDOWE		NORCED	Balti	imore	Cou	nty	MC
	city or town of Death ssville 21237		HOSPITAL, NURSING HEACILITY, GIVE STREET A LN Square			NOITUTIT	120 USUAL OC TYPE OF WORK FO Machin	OR MOST OF W			ne Co.
130	UAL RESIDENCE (IF NURSING HISTORY) STATE  Baryland  Baryland	OME OR OTHER INSTITUTION COUNTY altimore	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Middle		YES 🗌		130 SIREEL AD	ol Br	èeze	Drive	21220
14. 1	FATHER'S NAME Charles	MIDDLE	Clark		15. MOTHER	S MAIDEN NAM		MIDDLE		Krou	it
160	WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORM	ANT	1000	ADDRESS	ŝ		2000
	(YES, NO OR UNKNOWN)	= S, GIVE WAR OR DATES)	363-16-16	667	Marg	aret Cla	ark, wii	fe	S	ame	
NO	PART I. DEATH WAS C IMM  Conditions, if ony, whi gove rise to immedia couse (o), stating t underlying couse la  PART 2. OTHER SIGNIFIC	DUE TO, O  cich cite the DUE TO, O  DUE TO, O  CISST.  (c)	R AS A CONSEQUE	NCE OF	A CA	may for the term	Ma-Fl Maser MAL DISEASE (	or condi	TION GI	IVEN IN PART 1	(o)
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	ATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIND IN CERTIFYING CAUSE  YES NO YES T						
MEDICAL CER	21a ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL  WHILE AT WORK  AT WORK	OF DEATH MINER) HOUR A. 21e PLACE	M. MONTH DA M.	19	21f. LOCAT			RE OF INJURY I		PART 1 OR PART 2}	STATE
	220-1 certify that (I) (this saw the deceased of above, (I) (we) (did) (226. SIGNATURE	14/	50 799		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF			that (I) (we) lost e couses stated E SIGNED
22-	10 M. J.	7. POBE	ers, no	.P.D.	5	CREMATORY	>Ster	n J	134	0 D.	
230.	(SPECIFY) Burial	5-23-			n Ceme		Balt	imore	Cou	inty, Ma	ryland
1	FUNDENDIRECTOR	= Xanun	FA 1407	old E	astern		E REC'D. BY REC		-	toy the	Busy

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

etoined by the hospital or attending physician.

TO HOSPITAL

Total Maria Carlo Maria Carlo

第 13, 1973 平:05 图		REED .		binasi.	
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1. 1813 E. 1815 SE	An over mean	en Ben voo	1 44 300	Leasur	11 minima)

within 24 hours after death.

death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

retained by the haspital ar attending physician.

#### STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	q	_	1	0	8	0	1
	J		9	0	-		

	I. DECEASED NAME	FIRST				REG. NO			
	(TYPE OR PRINT)	rikai	WIDDLE		LAST	20 DATE OF DEATH	HTMON	DAY YEAR	2b. HOUR
	(TITE OR PRINT)	Adelin	CLEMEN	TONI		May 23,	197	9	2:15Pm
1	3. SEX	4 RAC	E	S. DATE C		6 AGE (IN YEARS LAST BIRTH	(YAU)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Car	ucasian	MONTH 5	" 26" 1890	88	YRS	MONTHS DAYS	HOURS MIN
	70 BIRTHPLACE (STATE OR	FOREIGN 76 CIT	IZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF		TY OF DEATH	
7	Italy	1	U.S.A.	WIDOWI		Baltimo	re	County	WD
7	Balto.		NOT IN SUCH FACILITY, GIVE		or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING I	12b. KIND C INDUSTRY	F BUSINESS OR
6	USUAL RESIDENCE (IF NUI	ISING HOME OR OTHER IN 136 COUNTY Balt	NSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		13e STREET ADDRESS	kway	, 2122	2
7	14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	WE	n way		
34	Benjamin	WIDDLE	T. S.D.	osito	Carmela	WIDDLE	T.c	eido	ī
7	160 WAS DECEASED EVE		DRCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE:		2140	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR		74-0675	George Cl	ementoni,	313	33 Corn	wall R
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only one ovas CAUSED BY:	cause per line for (a), (b	andia	whatin			BETWEEN	MATE INTERVAL ONSET AND DEATH
	100d / / / / -		UE TO, OR AS A CONS	FOLIENCESOF	7				
	Conditions, if any gave rise to im cause to, state underlying caus	which mediate ng the		505	>			100	eas
	gove rise to in couse to, state underlying couse	r, which mediate ang the last.	(b) AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM	inal diséase or cond	DITION G	IVEN IN PART 10	2005
2	gove rise to in couse to, state underlying couse	r, which mediate ng the lost.	(b) AS A CONS	EQUENCE OF		IN AL DISEASE OR COND  200 AUTOPSY?  YES () NO	20b. IF YE	IVEN IN PART 10	NGS USED
29	PART 2 OTHER SIG	r, which mediate go the go the e lost.  NIFICANT CONDITION  TION  TORREYING 21  CAUSE OF DEATH CALEXAMINER)	(b) AS A CONS UE TO, OR AS A CONS (C) CONTRIBUTING CONDITION FOR W  D. TIME OF INJURY HOUR A.M. MONTH P.M.	EQUENCE OF	ON WAS PERFORMED  21c HOW INJURY OCCURR	20a AUTOPSY? YES NO D	20b. IF YE IN CERT Y	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
2	PART 2. OTHER SIG	which medicate ng the clost.  NIFICANT CONDITION  ATION  DERLYING 21  CAUSE OF DEATH  CAL EXAMINER 21  [A  WHILE 7]	(b) AS A CONS  (C) CONTRIBUTING  CONDITION FOR W  B. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19	ON WAS PERFORMED	20a AUTOPSY? YES NO D	20b. IF YE IN CERT Y	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
29	PART 2. OTHER SIGNAL PROPERTY OF COURSE ID, stand underlying course of the course in the course of t	which mediate and the elast.  NIFICANT CONDITION  IDERLYING 21.  CAUSE OF DEATH CALEXAMINER)  RRED 21.  (A)  O) (this haspital) attacked alive and	JE TO, OR AS A CONS  (c)  TIONS CONTRIBUTING  B. CONDITION FOR W  B. TIME OF INJURY HOUR A.M. MONTH P.M.  E. PLACE OF INJURY HOME, STREET, FACTORY, OF	EQUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FFICE, FARM, ETC.)	211 LOCATION STREET  and that in (my) (aur) opinion of	200 AUTOPSY?  YES NOW  CITY OR TOWN  to Seath occurred on the do	20b. IF YE IN CERT Y Y IN ITEM 18.	ES, WERE FINDING CAUSES (FS ) PART 1 OR PART 2)  COUNTY  Jun and from the	NGS USED OF DEATH? NO STATE  that (h (we) last couses stated
29	PART 2 OTHER SIGNAL OF OPERAL OF OPE	Which mediate ng the e lost.  NIFICANT CONDITION  IDERLYING 21  CAUSE OF DEATH CALEXAMINER)  RRED 21  (A)  (Ithis hospital) off seed alive on did (did not view	(b) AS A CONS (c) TIONS CONTRIBUTING (b) CONDITION FOR W (c) TIME OF INJURY (d) HOUR A.M. MONTH (P.M., (e) PLACE OF INJURY (1) HOME, STREET, FACTORY, OIL (c) TO THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OIL (c) TO THE C	EQUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FFICE, FARM, ETC.)	211 LOCATION 211 LOCATION STREET  and that in (my) (aur) opinion of the control o	200 AUTOPSY?  YES NOW  CITY OR TOWN  to Seath occurred on the do	20b. IF YE IN CERT YEN ITEM 18.	ES, WERE FINDIN IFYING CAUSES YES (1) PART 1 OR PART 2)	NGS USED OF DEATH? NO []  STATE  that (h (we) last causes stated
29	PART 2. OTHER SIGNATURE OF OPERATOR OF CONTRIBUTING OF CONTRIBUTION OF CONTRIB	Which mediate ng the e lost.  NIFICANT CONDITION  IDERLYING 21  CAUSE OF DEATH CALEXAMINER)  RRED 21  (A)  (Ithis hospital) off seed alive on did (did not view	JE TO, OR AS A CONS  (c)  FIONS CONTRIBUTING  B. CONDITION FOR W  B. TIME OF INJURY HOUR A.M. MONTH P.M.  E. PLACE OF INJURY I HOME, STREET, FACTORY, OF  ended the deceased from the body offer death.	EQUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  FFICE, FARM, ETC.)	211 LOCATION STREET  and that in (my) (aur) opinion of	200 AUTOPSY?  YES NOW  CITY OR TOWN  to Seath occurred on the do	20b. IF YE IN CERT YEN ITEM 18.	ES, WERE FINDING CAUSES (FS ) PART 1 OR PART 2)  COUNTY  Jun and from the	NGS USED OF DEATH? NO STATE  that (h (we) last couses stated
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DHMH - 16 50M 1/76 (VR A 15 (4))

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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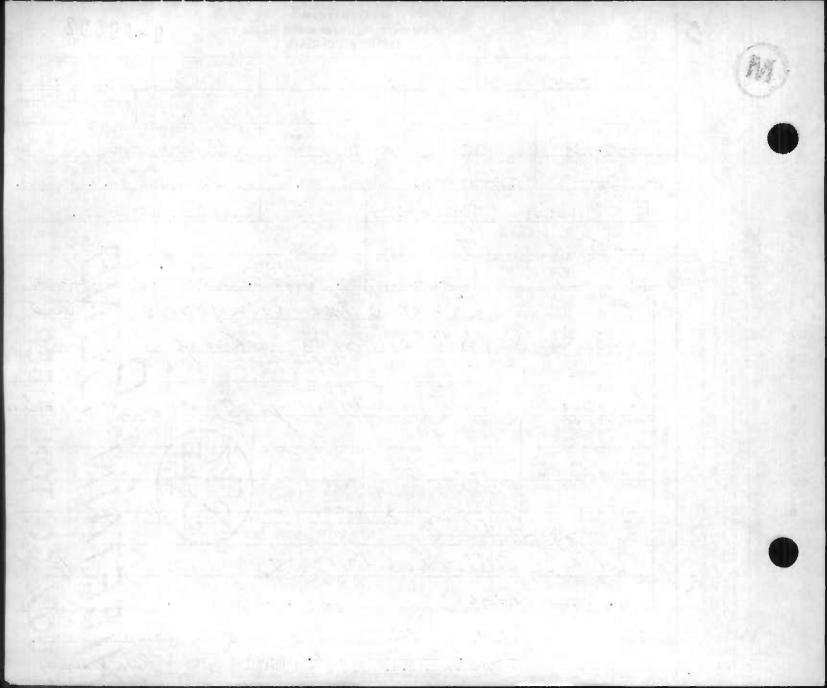
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	SIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
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	Pennsylv			<i>SA</i> Hospital, nursin	WIDOWE		RCED	12a USUAL OCCUP	more Co		OF BUSINESS O
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TIFIC,	DATE OF C	TERATION .	178 COND	INDIVIOR WINCH		- WASTERIORM		YES NO	IN CERT	IFYING CAUSE	
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	Dr.	Swadesh	Bhatian	i		1190	W. No	rthern Pk	wy.		
23a	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
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24.5		OR 8790 T					250. DATE		AR 25h. REGIS	STRAR'S SIGNA	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the filled should be detached for use as the buriol-transit permit. Then please remove corbonpopers: Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumant event, the medical examiner must be notified at once.



death certificate be executed within 24 hours ofter

TTENDING PHYSICIAN The low

FOR		
STATE		

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10803

REGISTRA	iK.			CERTIFICATE U		REG.	NO.			
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3. SEX		RACE	1/ 0	5 DATE OF BIRTH	3/\.	AGE (IN YEARS LAST		F UNDER I YE		ER 24 HR
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11	10.	$\nu$	H	WIDOWED	DIVORCED [	BALTIMOR				٨
10 CITY OR TOW	N OF DEATH		DSPITAL, NURSIN FACILITY, GIVE STREET	NG HOME OR OTHER I ( ADDRESS)	INSTITUTION	120 USUAL OCCUPA		LIFE) INDUST		VESS C
TOWS				HOSPITAL				HEC	HJ	6
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160 WAS DECEA	SED EVER IN U.S. ARA	AED FORCES?	M SOCIAL SECU			ADI	RESS			
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gove rise couse to underlying	e to immediate on, stating the g couse lost  THER SIGNIFICANT CO	DUE TO, OR (c) ONDITIONS COI	NTRIBUTING TO	DEATH BUT NOT RELA	RFORMED	20a AUTOPSY?	20b. IF IN CER	YES, WERE FIN TIFYING CAUS YES [	IDINGS US SES OF DE/ NO	ATH?
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PART 2 O  190 DATE C  190 DATE C  OR CONTRIB  IFEITHER, N  21d INJUR  AT WORK  220.1 certif  sow 1  obove  22b. SIGN/	e to immediate on immediate on stating the groups lost.  THER SIGNIFICANT COMPANY COMPANY CAUSE OF DEATON  INT WAS UNDERLYING UITING CAUSE OF DEATON OTHEY MEDICAL EXAMINER!  Y OCCURRED AT WORK TO WHILE AT WORK TO WHILE CAUSE OF DEATON OTHER COMPANY COMPA	DUE TO, OR  (c)  ONDITIONS COI  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e PLACE O (AT HOME, STREET  ON OTHER HOOD) OTHER HOOD OF THE HO	ION FOR WHICH INJURY MONTH D FINJURY ET, FACTORY, OFFICE, deceosed from	DEATH BUT NOT RELA H OPERATION WAS PER HAY YEAR 19 211 LOCK FARM, ETC.) 211 LOCK STR  April 25 79 ond that in () DEGREE	ATTENDING PHYSICIAN I	20e AUTOPSY?  YES NO ERED (ENTER NATURE OF IN  CITY OR 1  deoth occurred on the	20b IF IN CER JURY IN ITEM I	YES, WERE FINITIFYING CAUSTY SEE COUNTY  COUNTY  19 79	IDINGS US SES OF DE/ NO 2)	STATE  (we) lostoted
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PART 2 O  PART 2 O  190 DATE C  190 DATE C  OR CONTRIB  IF ETHER, N  21d INJUR  WHILE  AT WORK  22d. PHYS II  23d. BURIAL, CRE	e to immediate o), stating the g couse lost  THER SIGNIFICANT CO  OF OPERATION  NT WAS UNDERLYING  UTING CAUSE OF DEAT  OTHER MEDICAL EXAMINER) Y OCCURRED  NOT WHILE  AT WORK  Ty That If (this hospitile deceased alive on the county of the c	DUE TO, OR  (c)  ONDITIONS COI  196. CONDIT  216. TIME OF HOUR A.M. 216. PLACE O (AT HOME, STREI  OI) ottended the May 10  (view the body o	INJURY MONTH D FINJURY FINJURY FINJURY FINJURY FINJURY FIT FACTORY, OFFICE,  deceased from fiter death.	DEATH BUT NOT RELA H OPERATION WAS PEI DAY YEAR 19 FARM, ETC.)  DEGREE  22e ADD 74	ATION ATTENDING PHYSICIAN CORRESS  CORREMATORY	20e AUTOPSY?  YES NO RED (ENTER NATURE OF IN  CITY OR  CITY OR  DIRECTOR PHY:  23d. LOCATION  CITY OR TOWN	20b IF IN CER JURY IN ITEM I	YES, WERE FINITIFYING CAUSTY YES COUNTY  COUNTY  19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DINGS US SES OF DEA NO 2)	STATE  STATE  (we) lostoted  D  200

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

medical examiner must be lotified at ance

J. G. CO.

COMMELLI

300 MACE director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

MAPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical examiner must be pr

may be

death Page 4

within 24 hours after

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

## FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	1	0	8	0	4
	J		- 3	0	-	_	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		fiell	May 28th 1979	6:40 AM
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDI	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Male	White	July22, 1921	57 YRS MONIHS	DAYS HOURS MIN.
70 BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	EATH
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Coun	tv MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b	KIND OF BUSINESS OR
Towson	St. Joseph			Metal
USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13. STREET ADDRESS	
	ltimore 21204		1658 Mussula Ro	ad
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	TAST
Harry Cli	ifton Cofiel	ll Mary	Blanche N	aylor
(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	21204
Yes W.W	V. II 219-07-	-9096 Thelma G.		ula Rd.
18 CAUSE OF DEATH (Enter a	nly ane cause per tipe far (a), (b), a	nd re		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Caraino	ma of Colon will	h meter tons	
1539	DUE TO OR AS A CONSEQU	IENCE OF		
Canditians, if any, which	( Cler Cirso	nalous, Hat	us Port	
gave rise to immediate cause (a), stating the		EIDHEAL CO.		
underlying cause last	DUE 10. CALLES CONSEQU	Setus Port	waterostoner	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELAYED TO THE TERM	INAL DISEASE OF CONDITION OF AN	PART You
Z				
190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		E FINDINGS USED
			YES NOT YES T	CAUSES OF DEATH?
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		21c, HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR	
		DAY YEAR		
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN COL	UNTY STATE
	ital) attended the deceased fram,	5/5/ 19 79	ta 5/28 19 7	9 , that-th (we) last
saw the deceased alive an	oital) attended the deceased fram  5/28  19  19	79 , and that in (ay) (aur) apinian (	death accurred an the date and haur and f	ram the causes stated
27h SIGNATURE	Ser view the body after death	DEGREE	22	2c. DATE SIGNED
Stinguel W	Atona	MED ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/28/79
22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	DIRECTOR PHISICIAN E	2/20/17
SALUUEL M	DONA MI	St Posoush	Horostal Bo	l. hud.
23n BURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Burial	7.6	7 - mars 77 - 77	CITY OR TOWN COUNTY	
24 FUNERAL DIRECTOR	1-43711 17 DC	llaney Valley Mei		
NAME	ADDRESS ADDRESS		40.1	Sectionaly
MITITIAN E. 90	nnson obel Lo	ch Raven Blvd MA	1 J T 1010	

DHMH - 16 50M 1/76 (VR A 15 (4))

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		unus dini			S. S. Johnson	1-1-6	
	in a						
		Relling to		m har-t	0-128		
		in the second se		W. W.			
	. 1	8:1/2	.7"	61,	367.8		
1.2					Name of	17975	

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG.	NO.79-	1080	) 5
	CEASED NAME E OR PRINT)	BES	SIE	M.	COL	AST E	May 04,	1979	DAY YEAR	26. HOUR 9:00PM
3 SE	Female		Mite		S. DATE C		6 AGE (IN YEARS LAST)	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
M	IRTHPLACE (STATE OR FOIL OUNTRY)		U.S.		WIDOWE			IMORE	COUNTY	MD.
	TOWSO	N (	SAIN	TACIJOSEPI	HTS 1	HOSPITAL	TYPE OF WORK FOR MOS Housewi	T OF WORKING LIFE	126. KIND O INDUSTRY	F BUSINESS OR
13a	aryland	Baltin		GIVE RESIDENCE BEFORE 13t CITY OR TOWN Carney	N	13d INSIDE CITY LIMITS? YES NO X		nd Ave.	Carne	y, Md.
	Samuel	H.		Jackson		Mary	W.		Irela	nd
160	WAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARMED F (IF YES, GIVE WAR C		214-01-8		Mr. Charles		• 3047		e. Carne
ATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediate the lost.	DUE TO, OR  16)  DUE TO, OR  16)  17)		NCE OF	NOT RELATED TO THE TER/	Em Bo	ONDITION GIVE	, WERE FINDIN	NGS USED
CERTIFICATION	210. ACCIDENT WAS UNDE		16. TIME O	FINJURY M. MONTH DA	VEAD	21c HOW INJURY OCCU	YES NO	YES	YING CAUSES S  ART 1 OR PART 2)	NO [
MEDICAL	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	ED 2	P./	М.	19	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	220.1 certify that (A)					1 23 19 79 nd that in My) (our) apinion	to May		1 2	
	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	T	Du	5	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL S'	TAFF SICIAN []	5/6	-/79
-	Francis	T,		y, M.D.	14.45 05 0	7620 York R		n, MD	21204	
	Burial, cremation, f (SPECIFY) Burial	EMOVAL 236	5-8-1			emetery or crematory kwood	Balti	more	Mary.	
	uneral director eonard J. F	uck, Inc	.530	ADDRESS Harford	Rd.B	I AAA	Y 7 1979	AR 256. RECUSTI	RANSSIONAT	A CONTRACTOR OF THE PARTY OF TH

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 is with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

WAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be ingiffied about

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	67	Jan. 2, 182		324	Liens Liens
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	al Innepoli		17 30% 1	TAB	pawor
Comment.	South Sent over	* 15	Valley)	entrieles	Developer
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	A way	or it o	2721	734	
			0701	VO.	
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# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral distribute be detached for use as the burnal-transit permit. Then please remove corbonopopers. Pages I and 2 should be filled within 72 hawith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. within 24 hours ofte requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, th

STATE OF MARYLAND

POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE
REGISTRAR

CERTIFICATE OF DEATH

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REOISTRAR					REG. NO.				
I DECEASED NAME FIRST	MIDDLE		AST		28. DATE OF DEATH MON		YEAR	26 HOL	JR,
MYRTL	E V.	Col	E		5	- 6	-79	44	76 · M
3. SEX	4 RACE	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY		DER 1 YEAR	IF UNDER	
Female	Cancasian	MONTH 10	3/	1902	76	YRS.	HS DAYS	HOURS	MIN
70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8			9 BALTIMORE CITY OR C		DEATH		
Balt, MARYLAND	U.S.A.	WIDOWE	- 824	RCED 🗌	Baltimore	Cour	1+4		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTIT	UTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		26. KIND O	FBUSINI	ESS OR
Catonsville	Sunnit Nu	ARSING.	HOME		Housewife				31
USUAL RESIDENCE (IF NURSING HOME C 130 STATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE E		138. INSIDE CITY	LIMITS?	13e. STREET ADDRESS			12.0	
	Himore Balto.	City		10 🔀	4006 Walra	ad St	reet	-	
14 FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S M		MIDDLE		LAS	ī	
August	MORSEBE	RGER	Eliza	beth			4.4	SSEL	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMAN		erloo Rd. Ell	icott	City	ма	
Ne	217-0	3-3/35	Mrs. M.				013	110.5	
18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b	), and (c)	11	1	: 1.	_	APPROXI	MATE INTE	DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (o)	VA	feel	resp	usy L'al	u	mse	plo	MILLE
4210	DUE TO, OR AS A COASE	FOLIENCE OF		. 1	/				
Conditions, if ony, which	( (b) //	lleol	Medel	n'C.	eller de	Ku	/	o y	RS-
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF							4
underlying couse lost	DOE TO, OR AS A CONSE	Rich							
	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN I	N PART 1(c	a)	
19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	IPLE Ph	LEU	1-1	- A					
3 190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	WAS PERFORA	AED		FYES, WE			
					YES NO	YES [	)	NO [	
210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJU	RY OCCURRE	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1	OR PART 2]		
OR CONTRIBUTING CAUSE OF DE	AIR	19	81 1/2						
4 (IF EITHER, NOTIFY MEDICAL EXAMINE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION		CITY OR TOWN		OUNTY		TATE
WHILE NOT WHILE AT WORK	(AT HOME, SIREET, FACTORY, OF	PICE, FARM, EIC.)	1		1	,	001411	31	MIE
22a I certify that (I) (this hasp	oital) attended the deceased from	om 3/6	169	19	_, 10_2/ 6/	1 ps	2	that (I) (	we) last
sow the deceased alive a above, (1) (we) (did) (did)	ou vie The pady after death.	19 7 9, one	d that in (my) (	opinion de	eath occurred on the date of	and hour one	from the	couses st	oted
226 SIGNATURE	4	0	DEGREE				22c DATE	SIGNED	
Chin	lover -	4		ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		370	1/	15
224 PHYSICIAN'S NAME (TYPE	OR OR		22e ADDRESS						-
LIFF	RATLIFE	- 15A-	577	LL	est VIEW	UR	122	4	
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CE	EMETERY OR CRI	MATORY	23d LOCATION		iPv		A75
(SPECIFY) Burial	5-8-1979	Balto. N	ational	Cem.	Balto.	COU		Md.	ATE
24 FUNERAL DIRECTOR	5151 Balto. Nat	ional Pi	ke	25a. DATE		REG RAR	S SIGN AT		
Schull Y. U.	G. Truman Sch	07.0		I MA	AY 1 0 1979	Tirke	y/KC	Cread	4

DHMH - 16 50M 7/77 (VR A 15 (4)) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	7	9 -	1	0	8

1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-10807									
1 DE	REGISTRAR CEASED NAME 1	FIRST	A	AIDOLE		AST	REG. N	O. MONTH DAY	YEAR	2b. HOUR
	OR PRINT)	MY		VIN)	Cona	way	20. DATE OF BEATH	5-13-	- 79	11.05 M
3 SE	×	1	RACE		S. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNGER 24 HRS
	1	13-5	W		MONTH	- 29 - 9U	8-5	YRS MON	THS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	Maryland		U.S	5 . A .	WIDOWE		Baltimor	e Co.	15 MAG	MD.
	ITY OR TOWN OF DEA	ATH 1	1. NAME OF			R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST S		12b. KIND OF	BUSINESSOR
	andallst		Baltin	nore C	ounty	Hospital	Housewi	fe	INDOSTRI	
130 S M	at residence (if nurs state aryland	136 COUNT	Υ	13c CITY OR T		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 255 E.	Main S	tree	t
14. FA	ATHER'S NAME	AAI	DOLE	LAST		15. MOTHER'S MAIDEN NA	MIGDLE		1 457	11/11/16
	Otho		rter	Flem	ing	Cordeli	la		Mullir	
	VAS DECEASED EVER	IN U.S. ARM		166 SOCIALS		17 INFORMANT	ADDR	Woodbi	ine, N	/ld.
	No			216-4	6-2651	Jay W. Cor	naway, 5143			
	18 CAUSE OF DEAT	H (Enter only	one cause per	line for (a), (b)	, and (CL)	016	111		BETWEEN O	NATE INTERVAL INSET AND DEATH
	1 /	IMMEDIATE		/+	- Cuti	Julin Em	bourn		11	on
	410-		DUE TO, OI	R AS A CONSE	OUENCE OF	1 11 0	c 1		1.	. 11
	Conditions, if ony,		(b)	120	Corys	The traft 1	deline		6 9	10/5
	couse (o), statir underlying couse	ng the	DUE TO, OI	R AS A CONSE	QUENCE OF	Myo Godod	Infor chi	لري		
NO	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	)
CERTIFICATION	190 DATE OF PERA	TION	196. CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	VERE FINDIN	GS USED
Ĭ.	3 11 10 31						YES NO	IN CERTIFYIN	CAUSES (	NO [
ä	21a. ACCIDENT WAS UNI		216. TIME O		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
CAL	OR CONTRIBUTING		P.1		19	No. of London				
MEDICAL	21d INJURY OCCUR		21e PLACE (	OF INJURY SEET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I)		) ottended the	e deceased fro	m (-	7- 1079	10 5-1	3 10	79	hot (1) (we) last
	sow the decease obove, (1) (we) (				- F.	d that in (my) (our) opinian	death occurred an the d	ote and hour a		
	116 BIGNA JURE	aia) (aid not)	view the body	after death.	,	DEGREE			22c. DATE S	IGNED_
,	1	00	10	m	~ My	FACC ATTENDING PHYSICIAN	MEDICAL STA	FF IAN [	13/13	125
1	228. PHYSICIAN'S NA	AME (TYPE OR F	RINT)	0		22e. ADDRESS CO 2	Croylo	13	1.11	MI
	Georg	LM.	Ran	apu-	on no	3,50 &	2	12-7	Brog	1119
230 E	BURIAL, CREMATION,		236. DATE		3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
	Bur	lal	5-16-	1979	Eben		Winfie	ld Car	roll.	Md.
	harles W	D	T	ADDRESS		1 40 # 13 \	TE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	JRE
0	harles W.	· Durr	ler, Jr	· DVK	esvill	e.Md.	161313	1		

W.Burrier, Jr., Sykesville, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the haspital or attending physician

TO HOSPITAL

es that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours aftir with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. of Health and Mental rayging price. It is more than 18 shows ony injury, or other troumatic event, the medical examination of them 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examination of the state of the s

notified of ance.

#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10808

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
	1. DECEASED NAME FIRST	WIODIE	Į.	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR			
	(TYPE OR PRINT) Miss	Edith B. C	ook		May 27, 1979	M			
	3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	Marc	h 2, 1882	97 YRS.	MONTHS DAYS HOURS MIN			
	70. BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
5	Maryland	U.S.A.	WIDOWE		Baltimore County				
3	Balto. County		ITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	LIFE) 12% KIND OF BUSINESS OR			
	TISTIAL RESIDENCE AS NURSING HOME	OF OTHER INSTITUTION CIVE PE	SIDENCE BEFORE AOMISSION)						
9	130 STATE 136 COU Maryland Balt	0. Bal	to. Co.	13d. INSIDE CITY LIMITS? YES NO 22	7813 Liberty R	oad 21207			
8	14 FATHER'S NAME FIRST Charles	TODIA TODIA TODIA							
	160 WAS DECEASED EVER IN U.S. A	VE WAR OR DATES!	OCIAL SECURITY NO.		. J. Harvey Wich				
		one 21	6-09-12567	7813 Liberty	y Road Balto. M				
	18 CAUSE OF DEATH Enter of		or (a , (b), and ic			BETWEEN ONSET AND DEATH			
	PART I, DEATH WAS CAUS	TE CAUSE (D)	veralized	1 arteri	oscorosis	several you			
	4409	DUE TO, OR AS A	CONSEQUENCE OF			/			
	Conditions, if ony, which	( b)							
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF						
	underlying couse lost	(c)							
		CONDIVIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G				
-	19g. DATE OF OPERATION	IN CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. JF Y	es, were findings used			
	190. DATE OF OPERATION					TIFYING CAUSES OF DEATH? YES NO NO			
	210. ACCIDENT WAS UNDERLYING		JRY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE	A101	19						
	(IF EITHER, NOTIFY MEDICAL EXAMINE)  214 IN JURY OCCURRED	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	21 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
1	WHILE NOT WHILE AT WORK								
	22a. I certify that (I) (this hasp saw the deceased alive o		- Ch*		10 May 27	, 19, that (I) (we) last			
	obove, (I) (we) (did) (did n	at view the bady after o	death.		death accurred on the date and ha				
	22b. SIGNATURE	-60	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED			
_	220 PHYSICIAN'S NAME (TYPE	OUL COL	a M	D . PHYSICIAN [	DIRECTOR PHYSICIAN	0.21.11			
	Dr. E.E. Coo			2431 M	aryland Ave	Bell 21218			
	230. BURIAL, CREMATION, REMOVA		23t NAME OF C	EMETERY OR CREMATORY	Ad. LOCATION CITY OR TOWN	COUNTY STATE			
	ENTOMBMENT	5/30/79	Lorrair	ne Pk. Maus	WoodLawn B	alto Ma			
	24 FUNERAL DIRECTO Foring	Byers Fune	ralessDirecto	rs, P.A. 250 DAI	TE REC'D, BY REGISTRAR 25 GJ	STRAR'S SIGNATURE			
	8728 LIberty Road	d Randalls	town, Md. 2	21133 MAY	פופו פי	7 /			

BP\_\_\_\_\_ DHMH - 16 50M 1/76 (VR A 15 (4))

30001-01-The Control of the Co me at her of the Bearing

completely filled in by the funeral s 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANI: if them 21 is marked at them 18 shows any injury, or other traumatic event, the medical enterminant is a state of the property of the pr

PHYSICIAN. The iding physician

OR ATTENDING

retained by the haspital ar

1	-	FOR STATE REGISTRA

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-	10	8	0	9
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1	REGISTRAR		CEI	THICKIE OF DEATH	REG, NO.	0 . 0	0 0 0			
	ECEASED NAME FIRST	٨	AIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
1,	JOHN	V	. COR	DER	MAY 29,	1979	1:05 a <sub>m</sub>			
3 SE	X	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
M	ale	White		6 16 DAY 1902	学 76 YRS		HOURS MIN			
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN					
/ /	country)	USA		OWED DIVORCED	T DATERING DE COMINSTR					
	TITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	TOWSON		I JOSEPH HOS		Retired					
USU	JAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADMISS	INSIDE CITY LIMITS?	13e STREET ADDRESS					
	ryland	NET	Baltimore	YES NO D	3812 Pleasant	Place 21	211			
-	ATHER'S NAME			15. MOTHER'S MAIDEN NA						
1 J	John Corder			Annie Je	ewell	LAS	51			
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS					
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	213-07-8966	Daniel Cord	ler 3812 Pleasan	t Place				
	18 CAUSE OF DEATH (Enter or	nly nne cause ner	line for (a) (b) and (c			APPROX	MATE INTERVAL ONSET AND DEATH			
	PARTI DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) Probble Commontains & 10 working									
	IMMEDIA	1996 DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which	1	R AS A CONSEQUENCE C	)r						
	gove rise to immediate									
	underlying cause last									
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116									
NO	ASWD, Loothanin									
18	190 DATE OF OPERATION			ATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USE					
CERTIFICATION	5/1479	Di	agnostic tho	racentesis	YES NO YES NO NO					
T W	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YI		RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)				
14	OR CONTRIBUTING CAUSE OF DE	m1111		19						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211. LOCATION	CITY OR TOWN	COUNTY	STATE			
2	WHILE NOT WHILE AT WORK	(AI HOME, SIR	REET, FACTORY, OFFICE, FARM, ET	)	CITT OK 10 MI	CODIVIT	JIMIE			
	22a. I certify that & (this hasp	ital) attended th	e deceased from	5/3 19 79		19 79	that (we) lost			
	sow the deceased alive of above, N (we) (did) (old by	S view the hady	ofter death	ond that in (any) (our) opinion	death accurred on the date and h	our and from the	causes stated			
	226. SIGNATURE		oner dediti.	DEGREE		22c. DATE	SIGNED			
	27	Mu	• .	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5/2	19/19			
7	22d. PHYSICIAN'S NAME STYPE			22e ADDRESS						
	C. Lee	Chappin	11 00.	1205 York	Place buthers.	الر مي	21093			
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE			
	Burial	May31,	1979 Dulane	y Valley Mem. (	dos Balto Con	intv Md	1.			
24. 1	24. FUNERAL DIRECTOR 250 PAGE REC'D. BY DE COSTRAR 250 PEGESTRAR 250 PEG									
A.	. Alan Seitz, Jr	. Funer	al Home 3818	Roland Ave.	7 ,0,0	/				
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

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				town Conton
	Harry Stat to	trill fe.mot		

#### STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

Inc. Baltimore Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10810

а		REGISTRAR		CERTIFI	CAIL OI DE	7111	REG. NO	D.		
		CEASED NAME FIRST	MIDDLE	LA	NŠT		20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
ã	(	Charl	es C.	Cov	van			6, 197		145 QM
	3. SEX	(	4. RACE	5. DATE O		YEAR	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		Male	White	May		10	69	YRS		
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MA	RRIED 0	BALTIMORE CITY O	R COUNTY O	FDEATH	
Ď,		nsylvania	U.S.A.	WIDOWE		ORCED	Baltimo	re Cou	unty	MD.
	10 C11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTIT		12a USUAL OCCUPATI		12b. KIND C INDUSTRY	OF BUSINESS OR
2	Ca	tonsville	House in the	Pines	3	1	lectroni	c Tech	nici	an
-		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOV		13d INSIDE CITY	LIMITS?	3e STREET ADDRESS			
5	Mo	Bal	timore Dundal			KJ OF		Haver	n Roa	d, 21222
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S A		E MIDDLE		LAS	51
Ø	Jo	hn_Henry Co	wan			ginia	Mae	Γ	Detri	ck
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPER	URITY NO.	17 INFORMAN	T	ADDRE	SS		
		NO	170-12-	-7150	Minery	va E.	Cowan, s	ame as		
4		18 CAUSE OF DEATH (Enter	only one cause per line for (o), (b), or	nd (c	1.6		,	= 10 10	BETWEEN	ONSET AND DEATH
5		PART 1. DEATH WAS CAU IMMED		certic	1 Hear	t Ton	lure		14	week
H		4390	DUE TO, OR AS A CONSEOU	ENCE OF						
		Conditions, if ony, which	( b) (9. DE	VN					13	Juer
		gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF								
ű		underlying couse last (c)								
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
	CERTIFICATION	Chronic	- Brain Dep	-	nl			Tank at MEC 1	1/505 50 10 1	
	S P	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFOR!	MED	200 AUTOPSY?	IN CERTIFY		OF DEATH?
	RT		FI 1911 THAT OF BASSIEV		111. 1/01// 15/11	IDV OCCUPAT	YES NO	YES		NO 🗌
Ĭ.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 216. TIME OF INJURY	AY YEAR	ZIC HOW INJU	JKT OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19	211 105 17 101					
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.]	211 LOCATION	•	CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK		~) I		272	6)-	17	~~~	
		22a I certify that (I) (this had sow the deceased alive	spetal attended the deceased from.	175 175	,	19_77	enth accurred on the de	10		that (I) (Wge) lost
	- 1	above, (1) (%e) (did) (did)	not view the body ofter death	,		opinion de	eom occorred on me of	one one noor o	22c, DATE	
		220. SIGNATURE	0 01 -	20 2	DEGREE ATI	TENDING _	MEDICAL STA	FF _	AC A	SIGNED OF
6		22d, PHYSICIAN'S NAME (TV	Jal lager Dil	12 10	22e ADDRESS	IYSICIAN E	DIRECTOR   PHYSIC	IAN	13-1	5-17
-								DO TO		
		Wilmer K.Ga		MB.			cick Road	, Bal	t. Md	.,21228
	23a B	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CE	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN	co	OUNTY	STATE
		remation	May 17, 79 G	reen	Mount !		Baltimo REC'D. BY REGISTRAR		aryla	nd
	24 FU	JNERAL DIRECTOR	ADDRES5			ALAV	1 6 1979	troft	y/Xel	ready
	Di	uda-Ruck Tr	ac Baltimore	Marvl	and	MAI	10 1313	-		1

DHMH-16 50M 7/77 (VR A 15 (4))

Duda-Ruck.

OR ATTENDING PHYSICIAN: The low or ottending physicion.

retoined by the hospitol TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer should be detached for use as the buriol-transit permit. Then please remove carbomoporers. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygene prior to buriol, cremotion, or removal.

Why ORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at a

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ann after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL CONTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

BP\_

DHMH-16 20M (VRA 15, 4) 7/78

4 moy be

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	0.	79-1	081
	CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
		rge Leonard	Creage	er. Sr.	May 26	. 197	9	8:472
3 SE		4 RACE	5 DATE C		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24
	10	W	MONTH	8/2 DAY YEAR	15		AONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	7-1/13	9 BALTIMORE CITY C	PR COUNTY	OF DEATH	
	COUNTRY)	1150		NEVER MARRIED	Baltimor	_		
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE RSING HOME C	- Transfer	120 USUAL OCCUPAT			OF BUSINESS
R	0154/11 ==	(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)		(TYPE OF WORK FOR MOST O		INDUSTRY	
	OSSY/LLE  IAL RESIDENCE (IF NURSING HOME O	FRANKLIN	59				1314	FEL
130	STATE 136 COU	NTY 13c CITY OR 1	NWO	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	44.		4
	MD B	ALTO ES	SEX	YES NO		ARYL	AND	AVE
14. F/	ATHER'S NAME FIRST	MIDDLE LAST		IS MOTHER'S MAIDEN NA	MIDDLE		LA	51
	UN	K			UNK			
		RMED FORCES? 166 SOCIALS	ECURITY NO	17 INFORMANT	ADDR	ESS		
L		WIE 2176	94419	DOROTHY	CREAGE	R	176	BOUE
-	18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b	, and ici.i				BETWEEN	ONSET AND DE
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) Cardio)	resni ra	atory Arres	t Cancer	of		
75	IMMEDIA		-					
	1627	DUE TO, OR AS A CONSE	OUENCE OF	Lung and L	iver			
	Canditions, if any, which gove rise to immediate	(b)					+	
	cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				1	
	underlying cause last.	(c)						
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART 1	101
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		, WERE FINDI	
Ĕ					YES NOW		YING CAUSES	NO
CERT	710. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		_		
	OR CONTRIBUTING CAUSE OF DE	All	DAY YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	ZIL LOCATION				
ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
	AT WORK AT WORK		M		17. 0			
	270 I certify that QC (this hasp	ital) attended the deceased fro	m May	19_79	to May 21			that 💹 (we)
	saw the deceased alive ar abave, (I) (we) (did) (i) (i)	t) view the Fady after death.	9 ar	nd that in (my) (aur) apinion	death occurred an the d	ate and haur	and from the	causes state
	226 SIGNATUR	1.0-		DEGREE		0.41	22c. DATE	SIGNED
	1/	HUT		ATTENDING PHYSICIAN [	MEDICAL STA		5/:	26/79
	224. PHYS SHAWE (TYPE	OR PRINT)		22R ADDRESS				- / - / -
	Gaspar Del	Monte, M.D.		9000 Fran	klin Squa:	re Dr	1 770	21237
22-			17. NIAME OF C	EMETERY OR CREMATORY	Iza LOCATION	LE DI.	- 46	L L L J /
130	BURIAL, CREMATION, REMOVAL	236. DATE	HOLLE		CITY OR TOWN	<b>6</b> 1	COUNTY	STATE
24.5	BUKIAL	1 3/21/79	TULL	HILL	BALT		ND	
24 F	UNERAL DIRECTOR	ADDRESS			TE REC'D. BY REGISTRAR	236. REGISTI	KARS SIGNA	Ara C.
J	.B. CONNE	LLY 30.	e m	ACE	MAY 31 19	19 /	words	7.900

#### STATE OF MARYLAND

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REG. NO.	9	-	U	Ü	1	4

		OR			DEPARTMENT O		AND MEN	ITAL HYG	HENE		7 0	1001	2
	F	REGISTRAR		MEI	DICAL EXAMI	INER'S	ERTIFIC	ATE OF C	DEATH	REG. NO	9 -	1001	4
		CEASED NAM			MIDDLE		LAST		26. DATE OF	KNOWN ESTI-	MONTH	DAY YEAR	26. HOUR
			Denis		Lynn		ross			H MATED X		2519 79	
	3. SEX		4. RACE	5. DATE OF BIRTH		HDAY) MONT		UNDER 24 H			HINOM	DAY YEAR	3:00F
		emale	White	SEPT 10,	63 15	YRS.	1		DE		5	1119 79	J.001
1	7s. BIF	RTHPLACE (S	STATE OR	76. CITIZEN OF WH	TAI COUNTRY?	8. MARR	IED   NEVE	RMARRIED	Y. BALL	MORE CITY O	K COUNTY	OFDEATH	
9	10 613	m	D.	U.	SH.	WIDOW		DIVORCED	USUAL OCC	Baltim UPATION (TYPE	ore C	ounty,	MD.
C		BAL	TO.	Beach Dr	PITAL, NURSING HO CHITY, GIVE STREET ADDRES LIVE NEAR (	Powe Carrol	r Plant I Islan	t.	FOR MOST OF W		OF WORK	ORINDUST	VE
5	USUA 13s. ST		(IF IN NURSING HOME O		13c. CITY OR TOWN		13d. INSIDE CITY YES	LIMITS? 13e	STREET ADD	RESS	SH	Deiv	E
2	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTHER	S MAIDEN N	IAME	MIDDLE		LAST	
ΣĆ		DEN	IVER	4.	CROSS		E	LDYE	55	R	ANS	om	
1	16a. W	AS DECEASE	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SECUE	RITY NO.	17. INFORMA	NT	angli B	ADDRESS			
		NIC	2		No		PAR	ENT.	5	HBOV	E		
6	ET.	18 CAUSE C	OF DEATH (Enter onl	0.00	for (a), (b), and (c).)				Tu Eur			BETWEEN ONSE	E INTERVAL T AND DEATH
		PARTID		E CAUSE (a) G	unshot wou	und of	head	(handg	un)				
	19.	75	50	DUE TO, OR	AS A CONSEQUENC	CE OF							
			ins, if ony, which ise to immediate	(b)						STEP !			
	100	cause (o lying co	) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENC	E OF							
				(c)									
	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION G	IVEN IN PART 1 (	01.				
	MEDICAL CERTIFICATION	19s. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORM	ED?			ELLI	20. AUTOPSY	?
1	TIFIC	135.6V										YES TO	NO 🗆
2	CER		AL CAUSE WAS	216. TIME OF	INJURY MONTH DAY YE		OW INJURY O	CCURRED 18	ENTER NATURE OF	INJURY IN ITEM 18 I	PART 1 OR PART	(2)	
	N CAL	UNDERLYIN	G BOOR ING CAUSE OF I				elf ini	flicte	d				
	EDIC	21d. INJURY			OF INJURY (AT HOME.	. 21f. LO	CATION		CITY OR	TOWN	COO	אַזאן	ST# Men
	5	AT WORK	NOT WHILE &		woods			near	_	l Islan	d Pow	ältimor er Plan	e, MD
		22s I cert	ify that I took chora	e of the remains des	cribed abave, held ar	n Autop	xx X	Inspection [	], Inqui	ry . an	d in my opi		
		deoth resul		al couses ,	Accident .	Suicide X			Indetermined				
			MA	A 1	1		TITLE (SPE						
	3 9	ACTUAL SIGNATURE	Mousait	texthe 4	hell		Assis	stant	MEDICAL EX	AMINER	DATE	5/14	179
-5			0	7							0.0		
×.		EXAMINER'S (TYPE OR PR	NAME Ma	rgarita A	. Korell,	M.D.	ADDRESS 1	ll Peni	n St.	Balto	., MD	•	
	230.BL	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY C	R CREMATOR	Y 2	3d. LOCATION		COUN	TY 5	TATE
		BUI	CIAL	5/16/7	9 CAI	K L	AWK		131	ALTE	)	mi	2
	24. FU	NERAL DIRE	CTOR	ADDRESS	4	1	25	B. DATE REC'	D. BY REGIST	1979	STRAR'S SI		code
	16	own	ELLY	F.H.	300.	14Ac	EALE	Dil.	HITO	13/13		/	7

BP. **DHMH-17** (VR A15 ME (5)) 15M 7/76 31681-84

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR MIDDLE 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOUR5 MALLE CAUC 80 To. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR BALTO, (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136. INSIDE CITY LIMITS? 13e STREET ADDRESS 877 W134 ZE 371 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE -LAST FIRST LAST ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WAFE 212-02-3930 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY - RESPIRATORY IMMEDIATE CAUSE (O Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION METTI aus 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove. (1) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GRIANDO 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DAT BURIAL GRAVE RUN

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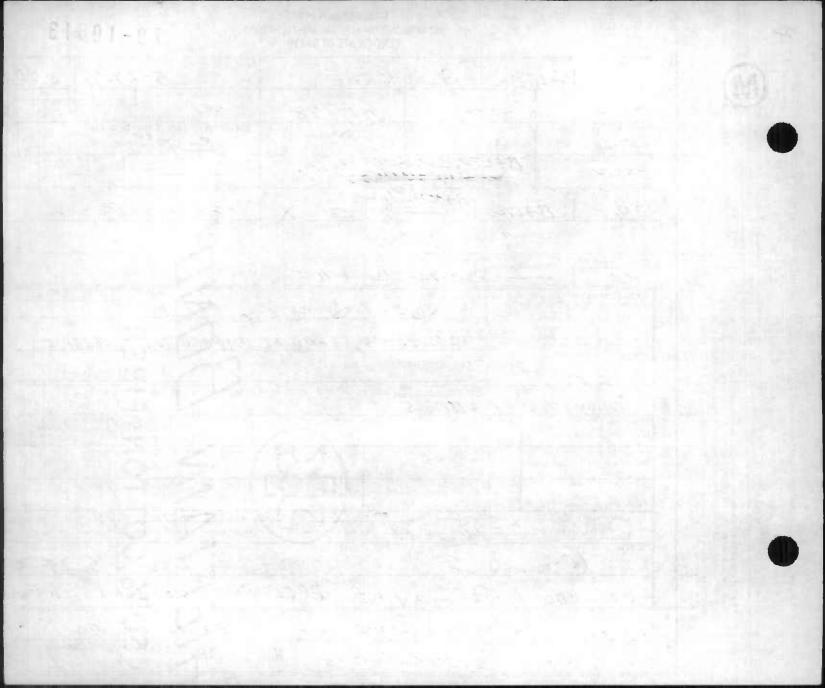
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TO HOSPITAL CATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician	TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical examiner must be notified of ance.
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#### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		REG. NO	79-1	081	4
	CEASED NAME	FIRST	,	AIDDLE	· ·	AST	2e	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	.,	ELIZAE	BETH		DAR	E		MAY 6.197		2	:30PM
3. SE	Х	4	RACE		5. DATE C			AGE (IN YEARS LAST BIRTI		UNGER I YEAR	IF UNDER 24 HRS
	FEMALE		WHIT			25, 1885		93	YRS		, , , , ,
	RTHPLACE (STATE ORF	OREIGN 76		WHAT COUNTRY	? A MARRIE	D NEVER MARRIE		BALTIMORE CITY O	R COUNTY O	FDEATH	
	RYLAND		USA		WIDOWE			BALTIMO		UNTY	MI
10 C	ITY OR TOWN OF DE			H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTIO	{T	USUAL OCCUPATE  YPE OF WORK FOR MOST OF		INDUSTRY	BUSINESS OF
USU	TOWSON I		ST.	JOSEPH GIVE RESIDENCE NEED		ITAL		CLERICAL		OFFI	CE
130.	MD.	BALTO	1	TOWSON	WN	134. INSIDE CITY LIM	<b>X</b> 3	STREET ADDRESS	A RD.		
14. F/	ATHER'S NAME ADAM	MID	POLE	ноб		JANE	ENNAME	WIDOLE		LAST	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS	-	
,	NO NO	THE TES, GIVE W.	AR OR DATES	214-20-	1294	JOAN BOWER	RS 791	7 SPRINGWA	AY RD.	21204	
TION		mediote ng the e lost NIFICANT CO	R AS A CONSEQUENCE SECON  R AS A CONSEQUENCE OF CO	UENCE OF DARY  UENCE OF LON ,	SPIRATOR  TO METAS  Osteoart  NOT RELATED TO TH	TATI(	C CARCING	poros DITION GIVEN	IN PART 1(a		
CERTIFICATION	190 DATE OF OPERA	HON	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN NG CAUSES	
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF GEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART	TORPART2)	
MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	WHILE AT WORK										
	MARY M.	'		ID .		7620	YORK	ROAD TO	wson 1	MD 212	204
23a.	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	236. DATE	230		EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN BALTIMORE	- 1	DUNTY	STATE MD.
	UNERAL DIRECTOR TCHELL-WI	EDEFEL	D HOME	ADDRESS 6500 YO		?	So. DAYER	Y'1"1"1979"	25b. REQ 518	MESSIC SECTION	Bready

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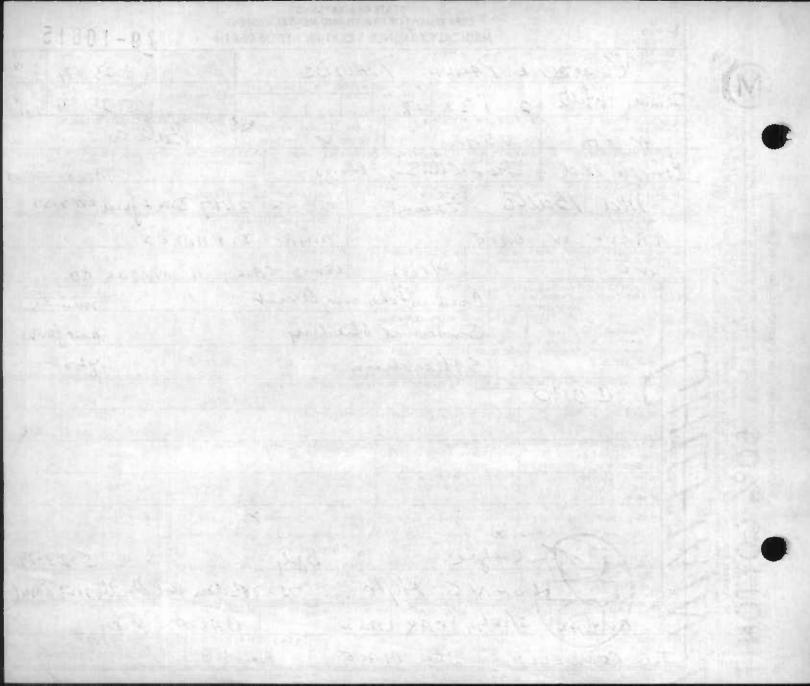
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#### STATE OF MARYLAND

1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	NE	- 0 . 5
1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH REG. NO. 9 - 1	0815
	CEASED NAMED FIRST E OR PRINT! CORE DENA	PAULA DAVIDS	OF ESTI-	1974 9 M
3 SE 22	male Wille 2	DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN.	PRONOUNCED 523	YEAR 2d. HOUR 1974 GUM
	RTHPLACE (STATE OR 76 CITIZE REIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF	F DEATH MD.
Po	nvile Med 11. NAME	OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. US FOR CHARLET COURSESS)	R MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE   IF IN NURSING HOME OR OTHER INST TATE MEL 136/20UNTY	TUTION GIVE RESIDENCE BEFORE AON SON)  13c. CITY OR TOWN  13d. INSIDE (ITY LIMITS? 13e STI YES \( \text{NO } \text{NO } \)	REET ADDRESS Dant ford	Ed 2122
G E		15. MOTHER'S MAIDEN NAM FIRST  MARY  J	WIOOFE	LAST
	VAS DECEASED EVER IN U.S. ARMED FORCI ES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATE		ADDRESS  II MACDILL	RD
6	18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	of Carder Gulmany Uresh.	. BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate	b) Sastein al blederig	4	cer fres.
	lying couse last.	e to, or as a consequence of c) & Haon olemn	4	ps.
NOI	COPP	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1   6  -		
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PERFORMED?	20	YES NO
13		TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDI		PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY	STATE
	22a I certify that I toak charge of the red		Inquiry , ond in my opinion	
	ACTUAL C.	TITLE SPECIFY	DICAL EXAMINER SIGNED	5-23-79
2 4	EXAMINER'S NAME (TYPE OR PRINT)	+NC. Hyle ADDRESS 75271	Below Rol Brello	21236026
(	URIAL, CREMATION, REMOVAL 236. DATE SPECIFY BURIAL 5/2	16/79 CAK LAWN	BALTE. MD.	STATE
	UNERAL DIRECTOR NAME  CONNELL	AODRESS 300 MACE 250. DATE REC'D. B	31 1979 REGISTRAR'S SIGNA	ATURE RECEIVED



ttending physician and campletely filled in by the funeral director, ve carbanpapers. Pages 1 ond 2 shauld be filed within 72 hours afte

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers: P with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal. IMPORTANT: If them 21 is marked oc. Item 18 shaws any injury, ar other traumatic event, the management of the property of the pr

ATTENDING PHYSICIAN: The law ar attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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I. DECEASED NAME (TYPE OF PRINT)  Viola M. Davis  3. SEX  4. RACE  White  April 12. 1897  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARRIED  NEVER MARRIED	ER 24 HRS
Viola M. Davis  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY VEAR April 12, 1897  6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOUR MARRIED NEVER MARRIED  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  WIDOWED DIVORCED  12. USUAL OCCUPATION IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  WIDOWED COUNTY  136. CITY OR TOWN 136. COUNTY  136. COUNTY 1376. COUNTY 1376	ER 24 HRS
S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   DAY   YEAR   S. DAY   DAYS   HOUR	
Section   State or Foreign   Telegraph	, max
MARRIED NEVER MARRIED MODERN METER MARRIED MODERN M	
Maryland   USA   WIDOWED   DIVORCED   Baltimore   County	
Middle River   112 Third Road   Housewife   INDUSTRY     13a STATE   13b COUNTY   13d CITY OR TOWN     14 FATHER'S NAME   FIRST   MIDDLE   LAST     15 MODLE   LAST   Harry Spurrier     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT     17 INFORMANT   ADDRESS     18 MIDDLE   LAST     18 MIDDLE   LAST     18 MIDDLE   LAST     19 MARY Baxter     19 MODRESS     10 MODRESS     10 MODRESS     10 MODRESS     10 MODRESS     10 MODRESS     11 MODRESS     12 MODRESS     13 MODRESS     14 MODRESS     15 MODRESS     15 MODRESS     16 MODRESS     17 INFORMANT     18 MODRESS     18 MODRESS	MD
Middle River 1112 Third Road  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 131 STATE 132 STATE 134 STATE 135 COUNTY 136 CITY OR TOWN 136 LINSIDE CITY LIMITS? 136 STREET ADDRESS 2023 Druid Park Drive 14 FATHER'S NAME FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MARY Spurrier 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS	NESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. INSIDE CITY LIMITS?  137. INSI	
Md - Baltimore YES NO□ 2023 Druid Park Drive  14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST  Harry Spurrier Mary Baxter  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
FIRST MIDDLE LAST FIRST MIDDLE LAST  Harry Spurrier  Mary Baxter  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
Harry Spurrier Mary Baxter  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
No 214 58 9374 Dorothy Todd 2023 Druid Park Drive	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	ERVAL ND DEATH
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (D) CARDIAC FAILURE  24 H	URS
4/4/) DUE TO, OR AS A CONSEQUENCE OF	
Conditions, it ony, which (b) ARTERIDSCLEROTIC HEART DISEASE WARNOW	N
gove rise to immediate  cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying couse lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
DIABETES 10ER PHERAL VASCULAR DISEASE  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO YES	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI	
YES NO YES NO	
OR CONTRIBUTION   CAUSE OF REATH   FOUR A.M. MONTE DAY TEAK	
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
216 INJURY OCCURRED WHILE ATWORK ATWORK ATWORK COUNTY  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  210 INJURY OCCURRED WHILE ATWORK ATWORK COUNTY  211 LOCATION STREET CITY OR TOWN COUNTY	STATE
1.4.4.7	(we) lost
sow the deceased alive an	stoted
226. SIGNATURE DEGREE  226. DATE SIGNI  ATTENDING MEDICAL STAFF	120
PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	19
108 S. Taylor Avenue  130 RURIAL CREMATION REMOVAL 1336 DATE 1236 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	
(SPECIFY) CITY OR TOWN COUNTY	STATE
Burial 5/16/79 Lorgaine Park Cemetery Woodlawn Balto. Md	
24 FUNERAL DIRECTOR  NAME Burgee Funeral Home 3631 Falls Road 21211  ADDRESS  MAY 15 1979  To Find Parks Strange 1250. Registran 250. Registr	2.0

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Burgee Funeral Home

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FOR STATE REGISTRAR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DECEASED NAME FIRST	MIDDLE	UAS1	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR					
1	TYPE OR PRINT) Ella	Nora	DeAtley	May 31, 1979	M					
3.	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	NDER I YEAR IF UNDER 24 HRS					
F	Temale	White	Jan. 23, 1921	58 YRS. MONI	THS DAYS HOURS MIN					
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY OF	DEATH					
N	laryland	U.S.A.	WIDOWED DIVORCED	Baltimore Count	ty, MD.					
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
7	Cowson			Desk Clerk	Pelephone					
13	SUAL RESIDENCE (IF NURSING HOME OF 136 COUN	NTY 113c CITY OR I	TOWN 134 INSIDE CITY HAITS?	13e STREET ADDRESS						
-	laryland Bal	timore 2123	YES NOX	1809 Cobourg Ct	t. A-2					
14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST					
4	Charles	A. Bridr	ner Olive		anks					
		E WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	A-2					
V	-	214-2	24-7771 James F.	DeAtley 1809 Col	ourg Ct.					
Г	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		, and ic		BETWEEN ONSET AND DEATH					
		TE CAUSE (D)		hive						
	2500	DUE TO, OR AS A CONSE	EQUENCE OF	0 to 10-00 hors	160					
	Canditions, if any, which gove rise to immediate	( b) Reces	ut myselfora	el Inforction	1 111					
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CORE	EGIENCEPE WERL	'tuc'						
1		(c)	. 3							
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
- 1	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WI	ERE FINDINGS USED					
NOIL OLD THE COLUMN		J AND MEAN		YES NO YES	G CAUSES OF DEATH?					
	00 000 000 000 00 00 00 00	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)					
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
100	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
1	WHILE NOT WHILE AT WORK			0 0101						
	22a.1 certify that (1) (thus hospit	(-/)	70	10 3/3/ 19-	77, that (1) () lost					
		t) view the body ofter death.		n death occurred on the date and hour on						
1	The Signature of 1811	11111 W	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED					
1	The work	1	PHYSICIAN	DIRECTOR PHYSICIAN						
	1. 4. FRU	MM. MID	220 ADDRESS 8014 01d	Harford Rd.						
23	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION						
I	Burial	6/4/79	Loudon Park Cem.	CITY OR TOWN COU	ryland					
-	. FUNERAL DIRECTOR		25e. DA	ATE REC'D. BY REGISTRAR 25b. REGISTRAR						
N	Villiam E. Joh	nson 8521 Lo	ch Raven Blvd	IN 1 1979 trippy	McCredy					

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TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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31		CEASED NAME	FIRST	WIDDLE	" ===	LAST	20. DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR	
	1	ON TRICTY	HARRY	н.	DEBA	AUGH	MAY	25. 19	979	6:00 am	
	3 SEX			4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	. 77	W		W	MAI		74	YRS.	MONTHS DAYS	HOURS MIN	
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
E		MD		usa	WIDOWE		BALTIMOR	E COUN	NTY	MD.	
2	10. CI	TOWSON		1). NAME OF HOSPITAL, NURS  I IF NOT IN SUCH FACILITY, GIVE STRE  SAINT JOSEPH	ET ADDRESS)		12a USUAL OCCUPATI			OF BUSINESS OR	
		AL RESIDENCE (IF	NURSING MOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO					^ ^		
5	130 S	TATE	136 930	TORKUI	10	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	lu Nari	TORN KC		
30	14 FA	THER'S NAME	rt E	MIDDLE DIE BRUGHST		AMERGARE	T J. LIEWS		LAS	51	
1		AS DECEASED E		MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS			
3		No	1) (# 125, 5112	714-07	-9885	FAMIL	V KIZLOKOS				
H		18 CAUSE OF D	EATH (Enter an	ly ane couse per line for (o), (b), c	and (c).)	11			BETWEEN	MATE INTERVAL	
H		PART I. DE AT	H WAS CAUSE	ECAUSE (0) CONGE	STIVE	. HEART	- AILURE				
		Conditions, if any, which ( ib) ANTENIO SCLEIZOTIC HEAVET LOSE ME									
ř	-24	gove rise to	immediate			A CONTRACT		1			
		underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER	SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	EN IN PART 10	a)	
	o N	C	erron	AL ARTERIO	SCLGI	eosis					
4	CERESIAL ANTENIESCLEROSIS  190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO 2  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY)								, WERE FINDIN		
3/-	RTIF				YES NO		s 🗌	NO 🗌			
7		OR CONTRIBUTING			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	ART I OR PART 2)		
	MEDICAL	21d INJURY OC		21e PLACE OF INJURY		211. LOCATION			Country	1 1 1 1 1 1 1	
	Σ	WHILE N	OT WHILE	I AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.}	STREET	CITY OR TOV	/N	COUNTY	STATE	

220.1 certify that \*\*(this hospital) attended the deceased from sow the deceased alive on May 25 19 above. (O (we) (did) (O (May V)) with a body after death. 226 SIGNATUR

FOR

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED May 25, 1979

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Ramon F. Roig, M.D.

7620 York Road, Towson, MD 21204

May

and that in ( our) opinion death occurred on the date and haur and from the causes stated

230. BUPTAD CREMATION, REMOVAL	5-28-79	MORIE AND NEMOR		ON KIEIG	il Briti	#8 60 st
EVAN PUNERAL	Chapiel 88	too Hartoru Ro	250. DATE REC	31 1979	256. REGISTRAI	R'S SIGNATURE

May

ATTENDING retoined by the hospital

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If frem 21 is

should be detached for with the State Dept. of t

81301-97							
							AND
						evil	
				Land and			
	al L			L. Bak			
		1 441				a.	
		4					
10年3月		Mary Mary					
				S. Ampail			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

retained by the hospital or attending physicion.

TO HOSPITAL

## STATE OF MARYLAND

1	FOR  STATE REGISTRAR		DEPARTA	AENT OF H	79-10	819				
	DECEASED NAME FIRST		WIDOLE	l	AST	20 DATE OF DEATH	MONTH DAY YEA	R 26. HOUR		
		seph	CLinton	DEE	BAUGH	May 1,	L979	1:52a		
3. Si	Male	4 RACE Whi	te	S. DATE C		4. AGE TIN YEARS LAST BIRT				
21	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED	Baltimore CITY C		Н		
57 10 0	CITY OR TOWN OF DEATH Rossville	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY INDUSTRY				
9 et 13a.	UAL RESIDENCE (# NURSING HO I. STATE 136 C Maryland Ba	ME OR OTHER INSTITUTION OUNTY LIMOTE	GIVE RESIDENCE BEFORE 13c CITY OR TOW ParkVII		13il. INSIDE CITY LIMITS? YES DO	130 SPEET ADDRESS	wood Ave.	21234		
30	FATHER'S NAME FIRST Phillip	WIDOFE	De Baugh		15. MOTHER'S MAIDEN NAME OF THE ST MARY	WE		LAST		
1 140		ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS				
	NO IS CAUSE OF DEATH (Ent		218-03-2		Mrs. Frank	C. Mackell	Same	MOXIMATE INTERVAL EEN ONSET AND DEATH		
SERTIFICATION		NT CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED		
<b>4</b> 5			5 11 11 10 11		Val	YES NO	YES 🗋	но 🗌		
/	OR CONTRIBUTION CAUSE C	FOEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 10, PART 1 OR PART	2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE		
	22a. I certify that (this to sow the decreased almost obove, (war did to 22b. SIGNATURE			<b>79</b> or	1 28 , 19 79 and that in (our) opinion of DEGREE	deoth occurred on the de				
	Hyri	Jul.			ATTENDING PHYSICIAN	MEDICAL STA	FF _	-1-79		
1	H. T.	net M.D	).			nklin Squa	are Drive	21237		
	BURIAL, CREMATION, REMO (SPECIFY)  Burial			Morel	emetery or crematory and	236 LOCATION CITY OR TOWN	altimore,	Maryland		
	H. T.  BURIAL, CREMATION, REMO	val 23b DATE May 3	3, 1979 23c. N	Morel	PHYSICIAN [ 276. ADDRESS 9000 Frai EMETERY OR CREMATORY and	nklin Squa	are Dri	ve		

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 20M (VRA 15, 4) 7/7B

# STATE OF MARYLAND

				DEPARTMEN	T OF HEAD			HYGIENE	79-11	0820	
-	CCACCO MANE	Cina		Middle	EKTIFICA	Lost	EAIN	20. DATE OF	DEATH		Lot House
	ECEASED-NAME Type or print)	First					Month Do	1979	2b. HOUR		
		Fra		ν.	DelG	avio	Sr.	13,			
3. SI			4. RACE			S. DATE OF E			6. AGE (In years lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
_	Male			<u>hite</u>	1	Nov.		921	57 YRS.		
70.	BIRTHPLACE (State or			HAT COUNTRY?	MARRIED	VER MA		9. COUNTY OF			
	Balto.		U.S.	Α.	-wacuta	un.	RCED	Balto		Ten	Md.
10.	CITY OR TOWN OF DEA	ATH	II. N	AME OF HOSPITAL OR I street address)	NSTITUTION (If n	ot in hospitol	during m	AL OCCUPATION ost of working	(Kind of work done life even if retired)	12b. KIND OF INDUSTRY	BUSINESS OR
	latonsvi.		1 1	5treet address) 612 Kirl	cwood	Rd.	Fo	reman	life, even if retired) Armo S	teel C	0.
13o.	USUAL RESIDENCE (Wission) STATE	here deceased	d lived, if institut		13c. CITY OR	TOWN	13d. INSIDE CITY L	_	REET AND NUMBER		30.6
		Md.	100. COOM1	Balto.					12 Kirk	wood R	
14.		First	Middle	Lost			AIDEN NAME F		Middle	M - 1 - 5	Lost
		Frank	Α.	DelGar			MENTI	IVE	MICH	MELS	
	WAS DECEASED EVER	IN U.S. ARME	D FORCES? 3-1946	16b. SOCIAL SECURITY		NFORMANT	16,12	Kirky	vood Rd.	Balto	
	res	194	3-1946	216-05-	1033 N	rs. F	dith	M. Del	Gavio	2120	7
				ne for (o), (b), ond (		(				BETWEEN C	ONSET AND DEATH
	PART I. DEATH	IMMEDIAT	BT: E CAUSE (o)	Respira	tory 7	ailure	2			6	yr
	1890		DUE TO, OR	AS A CONSEQUENCE O	f O					2012	
	Conditions, if ony, w		(b)	Renal		Carc	noma	. NETas	Tasis to lu	ng 3	gr.
	stating the underly		DUE TO, OR	AS A CONSEQUENCE O	F					0	
	lost.	)	(c)	Renal C	ell Ca	rcinon	a				
	PART 2. OTHER SIGN	NIFICANT COND	ITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR	CONDITION GIVE	N IN PART 1(o)		
2											
CERTIFICATION	19a. DATE OF OPERAT	ION 19b. CO	ONDITION FOR WI	TICH OPERATION WAS F	PERFORMED	20a. AUT	OPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
Ε						YES	NO D	CAUSES	OF DEATH?		
18	21a. ACCIDENT WAS	UNDERLYING [				OW INJURY O	CURRED (Ente	r noture of inju	y in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING () (If either, natify med			Month Doy Yea	19						
ME	21d. INJURY OCCUR	RED 21e. P		AT HOME, FARM, STREET, FO		OCATION Stre	et or R.F.D. No	City	or Town	County	Stote
	While Not while			COFFICE BUILDING, ETC.							
ŀ	220.   certify th	not (I) (this	hospitol) off	ended the deceo	sed from	July 11	2 19.5	76 , to_/	14 10,19	79 , that	(I) (we) lost
	sow the de	eceosed oli	ve on Ma	410	19. <b>79</b> , on	d that in (n	ny) (our) opi	inion deoth o	occurred on the d	ote ond hour	ond from the
		ted obove,	(I) (we) (did)	(did not) view the	e body offer	deoth.					
	22b. SIGNATURE	600	chio.	Alen 1	M.D. DEGI	ATTEND	NG M	MED.	CTACC I	DATE SIGNED	,079
1	22d. PHYSICIAN'S	ony	Siral	Mar.	, DEGI	REE PHYS.		IRECTOR L	PHYS.	1ay 14.	/ 7 / 7
	NAME (Type)		V		ALE SE	BC	RC 22	S. Gre	enest. Bal	timore 1	nd 21201
	BURIAL, CREMATION,	23b. D/	ATE	23c. NAME O	F CEMETERY OR	CREMATORY		23d. LOCATIO	N (City or Town)	(County)	(Stote)
F	REMOVAL (Specify)	May	16, 1	979 Wood	llawn	Cem.		Wood	llawn	Balto	. Md.
24	PUNERAL DIRECTOR	o Col-		ADDRES	55 ~		2So. REC'D B	BY REGISTRAR	25b. REGISTRAR	SSIGNATURE	Cready
G	. Trumai	n sch	wab 51	51 Balto	. Nat	ional	DATE M	IAY 18	313	/	
					Pi	ke					

DHMH-16 1/71 30M (VR A15 (4))

and the second converted as the second 120 - 7 - 121 . and the state of And the second of the second o The state of the s the track of the land the land to the land lower to the control of the control · La Charles it in the state of Interest to the demode men in . O

# requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending phytician part completing that in by the should be detached for use as the buriol-transit permit. Then please remove cortion proper. Fager 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumotic event, the medical examination is not the model.

4 may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79	- 1	0	8	2	1
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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND ME			79-1	082	
1	1 DEC	EASED NAME FIRST	Α	AIDDLE	ī.	AST		REG. N	MONTH DA	Y YEAR	2b HOUR
	(TYPE	Laui	se	F.	2	eVries			51	79	5-35 M
d	3 SEX		4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIF		FUNDER 1 YEAR	IF UNDER 24 HRS
١		Female	W	hite	monin	19	O C	73	YRS.	DNIHS DAYS	HOURS MIN
Λ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MAR	DIEC	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
ŝ		Md-	U	5. A.	WIDOWE	DIVOR	CED 🗌	Ball	mye a	cunty/	MD.
5	F	KATACHALISTOWN	Bal	HOSPITAL, NURSIN HEACILITY, GIVE STREET A	unter	Geynal		DO. USUAL OCCUPAT	TON OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
4	USUA 13a. S	TATE 136 COUN	OTHER INSTITUTION,	13c. CITY OR TOW		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	200	0	
9		Md CA	12071	Sykesvi	Ite.		5	KAYU	Jood	PIAC.	e
	14 FA	THER'S NAME	AIDDLE	T AST		15. MOTHER'S M.	AIDEN NAM	MIDDLE	,	) IAST	
9	16n W	AS DECEASED EVER IN U.S. AR	MED FORCES?	TORTAM F		17 INFORMANT	ARY	Olive	ESS	inds	44
į			WAR OR DATES)		1987A	Les Fa	- Homa	n - Sule.	acri the	m1.	/
1		18 CAUSE OF DEATH (Enter on	v one course ner		lici .	20-0 10	C I PI IN IT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	es ville	APPROXIM	NATE INTERVAL NSET AND DEATH
1		PART I. DEATH WAS CAUSE	BY: E CAUSE (0)	Cardy	20	um a)	Yest			BETWEENO	NSCI AND DEATH
ä		5602		R AS A CONSEQUE	1		0	14.5			
		Canditions, if any, which	(b)_	Gara		farell	(				
3		gave rise to immediate cause (a), stating the	DUE TO, OF	R ASA CONSEQUE	NCE OF	0.	fr	0.	. 0 10	102	and of a
		underlying cause last	(c)	Inter	Hivo	J 86271	MULEN	1). Note	i euo, y	Begni	or q work
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	IDITION GIVE	N IN PART 1(o	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORM	ED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
ξ.	TIFIC	4/29/79	5	inger				YES NO	YES	ING CAUSES	NO [
	CER	210. ACCIDENT WAS UNDERLYING	110110 41	FINJURY M. MONTH DA	V YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	P./		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK			1.11	1,0	79	- 61		70	
Я		220.1 certify that (1) (this hospi- saw the deceosed alive an	/ _	e deceosed fram_	79	d that in (my) (au	s) apinion de	eoth occurred on the c	lote and hour	1 /	hat (I) (we) lost
1		obove, (I) (we) (did) (did no 27b. SIGNATURE	view the body	ofter death.	1	DEGREE				22c DATES	
	2	Jou-nan	Hara	ary.	,	ATTE	NDING SICIAN	MEDICAL STA		5//	118
H	74	224 PHYSICIAN'S NAME (TYPE OF	PRINT	1 / /-	<i>U</i>	22e ADDRESS	SICIAIV []	/ /	1 11	-10	
		TOU-NA	N H.	JANG		Baltim	ore co	unty Gens	ral Ho	4/1-724	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	730	IAME OF C	EMETERY OF CRE	MATOR	23d. LOCATION		OUNTY # A P	STATE
	(%)	emolion	5-2-	11 4	Albety	Truscos		Dalte.		0/22	8 Md.
	24 FU	NERAL DIRECTOR	11	D JADDRESS A	h	1	250. DATE	REC'D. BY REGISTRAN	256. RECEISTR	AR'S SICHATI	Ready
	14	Milw W. Hall	oht -	Murile	1/14	7 .	MA	1 13/3		/	

129-19821 TFAM nding physician and completely filled in by the funeral directs corbonpopers. Pages 1 and 2 shauld be filed within 72 haurs

of once.

injury, or other troumatic event, the unol, cremotion, or

# FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10	822
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	REGISTRAR				CERTIF	ICATE OF DEATH	J -	100	1 2 2				
	CEASED NAME	FIRS1	MIDDLE			A\$1	REG. N	MONTH	DAY	YEAR	2b HOU	JR	
1111	E OR PRINT)	ROSE	M	IARIE	DI	PEPPI	150	05	07	79	8:3	30P <sub>M</sub>	
3 SE	X		4 RACE	3 4 7	5 DATE C		& AGE (IN YEARS LAST BI	RTHDAY)	_	DER YEAR	IF UNDER		
F	emale		Cauca	sian	Oct		50	YRS	MONTHS	DAYS	HOURS	MIN	
	IRTHPLACE (STATE OF	RFOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	37	9 BALTIMORE CITY			EATH			
M	aryland		U.S.A		MARRIEI		TOWSON	TOWSON-Baltimore Count					
10 C	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA	TION	121	L KIND O	F BUSIN	ESS OR	
	BALTIMOR		6701	N. CHA	RLES :	STREET	Housewif	e WORKING	3 LIFE) IN	Hom	е		
130	al residence (IFN) STATE arvland	13b COUN	OTHER INSTITUTION ITY	136 CITY OR TO Balti	WN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Mon:	ica	Dri		222	
14 F	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		175.	- 1			
	Willi		eberge			Sophie	Aiello			LAS			
	WAS DECEASED EVE	R IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		3 //1			
N		(11 125, 614	· AR OR DATES	215-24	-9702	2 William G.DiPeppi (husb) same as 13							
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one couse per D BY: E CAUSE (0)			ONARY ARRE	ST			APPROXIVE APPROX	MATE INTE	RVAL DEATH	
	1809			R AS A CONSEG	LIENCE OF								
	Conditions, if or	ny, which	(b)	META	STATI	C CARCINOMA	OF CERVI	X					
	gove rise to in couse (o), sto- underlying cou	ting the	DUE TO, O	r as a conseg	UENCE OF		Norwe .						
	PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	4DITION (	SIVEN IN	PART 10			
CERTIFICATION													
CAT	190 DATE OF OPER	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WER				
TIF	ELECTRIC E						YES NO		YES 🗌	CHOSES	NO [		
	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA		OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 1	B, PART 1 OI	R PART 2)			
MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		21f LOCATION	CITY OR TO	NA/M		YTAU		TATE	
Z	WHILE NOT	WHILE	(AI HOME, SI	REET, FACTORY, OFFIC			CITORIC		_	Oleit	51	AIE	
	22a.1 certify that	(I) (this hospit	ol) ottended th	e deceased from	100	05/04 <sub>. 19</sub> _79	to05	707	. 19 7	9	thot (1) (	we) lost	
	sow the deced	sed olive on.	t) view the body	1/ U/19	/ 4	d that in (my) (our) opinion	deoth occurred on the	lote and h	nour and i	from the d	couses st	oted	
	226. SIGNATURE	-ch:	not 1	sauf		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA			05/0		9	
	22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e. ADDRESS							
	DR. TE	H-CHI	NG WAN	IG		GREATER B	ALTIMORE	MED	CAL	CE	NTER	?	

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician

OR ATTENDING PHYSICIAN. The low

HOSPITAL

retained by the haspital or attending phy

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi IMPORTANT: If Hem 21 is marked at Hem 18 shows ony

> 5/12/79 "Schimunek Home, Inc. Funeral

23b. DATE

23a BURIAL, CREMATION, REMOVAL Burial

231. NAME OF CEMETERY OR CREMATORY Redeemer Cem Baltimore,

Md.

3331 Brehms Lane 250 DATE REC'D BY REGISTRAR Ba 1to.Md.21213 MAY 15 1979

2715 1

18058 10 31081 3830

SERAW BELLECAPET . SE

XI'' PC TO LANGUE CHARLET CONTRACTOR OF THE CONT

PETASO JESTO L'ATTO HAND L'ENTERN

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, parts should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2-should be filed within 72 hours often dealth with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or remaval.

executed within 24 haurs ofter requires that the death certificate be STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-10823

- STATE REGISTRA	IR.			CERTIF	ICATE OF DEATH	-	REG. N		100.	
DECEASED NA			AIDDLE	Ł.	AST	20	DATE OF DEATH		DAY YEAR	26 HOUR
	Win:	field	S.	I	DITCH, J	r.	MAY 27	, 19	79	112
3 SEX	The second	1 RACE		5. DATE C			AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	F UNDER 24 A
Mal	0	Whi	te	Apri			76	YRS	AONTHS DAYS	HOURS MIN
70 BIRTHPLACE	STATE OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 8	BALTIMORE CITY	OR COUNTY	OF DEATH	
Md.		USA	A	WIDOWE			Baltimo	re Co	unty	
10 CITY OR TOV	N OF DEATH	NAME OF	OSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	V 120	USUAL OCCUPAT	ION	12b KIND C	OF BUSINESS
Luthe	rville		HEACILITY, GIVE STREET		rsing Home		PE OF WORK FOR MOST			Estat
USUAL RESIDEN	CE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)						
Md.	136 COUN	TY	Balto	/N	13d INSIDE CITY LIMIT	TS? 13e	STREET ADDRESS	kensh	en Pl	9.00
14 FATHER'S NA	MF.	17/4	Dalto	•	15. MOTHER'S MAIDEN		7407 Ca	Mensi	CTAA TT	ace
FIRS	T	BIDDLE	D LAST		FIRST		MIDDLE		Ver	ST
	field	Scott	Ditch		Elean	01,	E.	IEC C	ver	ney
(YES, NO OR UN	SED EVER IN U.S. ARA	WAR OR DATES)			17 INFORMANT					
No			218-34-	0712	Mrs. Mar	ry L	. Ditch		Sam	MATE INTERVAL DISET AND DEAT
PART 2 C	e to immediate a, stating the g cause lost.  THER SIGNIFICANT CO	(c)ONDITIONS CO		DEATH BUT	NOT RELATED TO THE		L DISEASE OR COM	20b. IF YES	EN IN PART 10	NGS USED
							YES NOT	YES	S 🗌	NO 🗌
OD CONTRA	NT WAS UNDERLYING	HOUR A.M	FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OC	CCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART 1 OR PART 2)	
<u> </u>	OTIFY MEDICAL EXAMINER)	P.A		19	1214 LOCATION					
WHILE IT	Y OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
AT WORK	AT WORK			000		, , ,	F/3	7	70	
	fy that (1) (this haspite	al) oftended the	-deceased fram	70	, 19_4	20	10 1/4		19	that (I) (ve) I
above	he deceased alive on . , (1) (we) (didb)(did not	view the body	after death.	14.00	d that in (my) (q <u>ur)</u> opi	inion dept	h occurred an the o	date and hour	ond from the	couses stoted
22b. SIGN	Mallain	AEDICAL STA		5 DATE	SIGNED 7					
	CIAN'S NAME (TYPE OR				22e. ADDRESS				1	
Dr.	William	F. Fr	itz, M.	D.	2 W. Un	iver	sity Pa	rkway	Bal	to., l
23a BURIAL CRE	mation, removal	23b. DATE 5/28/	23ε.	NAME OF C	EMETERY OR CREMATO		Baltim		COUNTY	Md .
24. FUNERAL DIF	Hen r	y W. J	enkins	& Sor	15 Co. 250	MAY	28 1979	25b. REGAST	RAR'S SIGNA	Gready
1905 Yo	rk Road	Balto	Md.	212	12	MHI	0 0 13/3	-	/	

DHMH - 16 50M 1/76

(VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital or

attending physician.

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

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EPARTMENT	OF	HE	ALT	Ή	AND	MEN	ATI

		FOR STATE	DE	PARTMENT OF HE	ALTH AND MENTA	L HYGIENE		79-118	21
	- 1	REGISTRAR			R'S CERTIFICATE		REG. NO	5. 0	<i>L.</i> T
		CEASED NAME FIRST E OR PRINT) THANCE	-	line DL	4GOKES	KI 20. D	ATE KNOWN DE ESTI-	MONTH DAY YE	5 7
	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS	MONTHS DAYS HOURS				AR 2d HOUR
	7e,	muli while	6 28	14 64 YRS.	MONTHS DAYS HOURS		NOUNCED DEAD	5 17 197	19 754 M
1		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	MARRIED K NEVER MA	RRIED . 9. BA	LTIMORE CITY O	R COUNTY OF DEATH	1
4		PA.	U5			RCED 🗆	Ball	o Co	MD.
Ó	Pt	suille Mel	237 Plat	Y. GIVE STREET ADDRESS)	DR OTHER INSTITUTION	12a. USUAL O FOR MOST O	CCUPATION (TYPE WORKING LIFE)	E OF WORK 12b. KIND OF OR INDI	
5	USUA 130. S1	14 .1		SIDENCE BEFORE ADMISION	13d. INSIDE CITY LIMITS YES NO	13e STREET A	DDRESS	51. 2/22	,
-	14 FA	THER'S NAME		z szerv	15. MOTHER'S MA				
Ó	1	-HOMAS	PAL.	ERME	CHR;	TINA	MIDDLE	UNK	
Ī		AS DECEASED EVER IN U.S. ARA	MED FORCES?	66. SOCIAL SECURITY N			ADDRESS		
	(16	NO OKONOWN) (IF YES, GIVE)	WAR OR DATES)	2141293	21 BER	NARO	DLUGO	KESK,	A BOUE
		18 CAUSE OF DEATH (Enter onl	ly ane cause per line far	(a), (b), and (c).)				APPROXI	MATE INTERVAL
		PART I DEATH WAS CAUSED		adio geni	a Collap	مد		Sun	
	9.0	2334		A CONSEQUENCE OF					
		Conditions, if any, which gave rise to immediate	) (b) 3	asto in to	shimal ble	eding .	· occult	Recu	iT
		couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR A	CONSEQUENCE OF		8		0	
			(c)	stren ly	e prepti	eroción	60	Real	WT
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	contributing to DEATH BUT A	NOT RELATED TO THE TERMINA	LOISEASE OR CONDITION GIVEN IN	ention.	- recent		
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED?			20. AUTOF	SY?
2	LIFIC							YES [	NO NO
2	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF IN.	JURY ONTH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTERNATURE	OF INJURY IN ITEM 18		
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF II STREET, FACTORY,		21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK			011121	Ciri	ON TOWN	COUNTY	SIAIC
		220. I certify that I toak charge	e of the remains describ	ed abave, held an	Autapsy , Inspec	tion Inc	uiry . an	d in my apinian	
				cident , Suicio		], Undetermine	ed monner .		
		10P	a . L. P.		TITLE (SPECIEW)				
4		SIGNATURE	. C. Fryce	<u> </u>	M.D Uply	MEDICAL E	EXAMINER	DATE SIGNED 5-1	7-79
2		EXAMINER'S NAM (TYPE OR PRINT)		tyle	ADDRESS 752			Bull 52123	sma
	23a.BU	JRIAL, CREMATION, REMOVAL 2	5/21/79		TERY OR CREMATORY	23d. LOCATION	ON N	COUNTY	STATE
		PC 1 1 PC 1 /h .							
	24 Et	INERAL DIRECTOR	3/21/19	LORRAINE	- PK	TE REC'D, BY REGI	LLO	mp	

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cion and campletely filled in by the funeral director, page 3 ers. Pages 1 and 2 should be filed within 72 haurs offer death

# STATE OF MARYLAND

,	FOR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG	HENE	70	_ 1-0 8	75
1	REGISTRAR	ACT			100	2					
1. DE	CEASED NAME	5437	A	AIDOLE	- 5	ies c	-	REG. N	MONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	110/1			100		A.A.	To DAIL OF DEATH	v.	12 70	020
_	JUNA	1811	1)	(	JAINC	5	141.		2 -	22 19	OPN
3 SE	X	V	RACE		5 DATE O	FBIRTH	VEAD #	6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	
M	ale		Whi	te	12	16	96	82	YRS.		, HOOKS MAY
7a. Bi	RTHPLACE (STATE OR FO	OREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	□ NEVER	MARRIED [	9 BALTIMORE CITY	R COUN	TY OF DEATH	
M	aryland			S.A.	MARRIED	0	NORCED -	Balto.	BULL	uty	MC
10 C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF H		RSING HOME O	R OTHER IN	TITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
R	ossville		MAN	ORCA	Re NU	1R5INC	Home	Policema		Bal	
USU/	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION,	GIVE RESIDENCE B		13d. INSIDE	COTIANII VII	13e. STREET ADDRESS			
	aryland		imore	Dund		YES T	NO X	2810 McC	omas	Aven	110
	ATHER'S NAME	13420		Dana			S MAIDEN NA	ME IIOC	Omak	7 21 0 011	uc_
	FIRST	AA)	DDLE	LAST	. 7 7	-	FIRST	WIDDLE			AST
10-31	Edward	INTLUC ADA	CD CODGEGO	Donn	ECURITY NO.	17 INFORM	usha	ADDR	ecc	MO	rgan
-0	YES, NO OR UNKNOWN)		VAR OR DATES)	100 SOCIALS	ECURITY NO.	I/ INFORM	ANI	ADDR	281	0 McCc	omas Ave
Y	es	WW	I	212 - 3	2-6343	Dolo:	res Mc	Donald	Bal	to. MI	21227
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b	, ond ic					BETWEEN	NONSET AND DEATH
	PART I. DEATH W	IMMEDIATE		Schhi	emia	d R	enal	Shutdow	2~		
	5991	5		R AS A CONSE	0.151.05.05						
	Conditions, if ony,	which	1	(AS A CONSE	Talling	14 5	Perat	A TOTAL STATE OF THE STATE OF T			
	gove rise to imr	mediote	) Ib)	01	- 62	114 -	S COULCE !	~			
1	couse (a), stating couse		DUE TO, OF	R AS A CONSE	QUENCE OF						
194			(c)								
7	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	l(o)
ō	ca of	me 1	ung	, 00	PO						
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATION	WAS PERF	DRMED	20a AUTOPSY?		ES, WERE FIND	
E								YES NOW		YES [	NO [
8	210. ACCIDENT WAS UNI	DERLYING	216. TIME O			21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	3, PART 1 OR PART 2)	
	OR CONTRIBUTING				DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (		19	211 LOCATI	ON				
ME	WHILE NOT W	HILE 🗀		EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
	220.1 certify that	(this hospito	l) ottended the	e deceased fro	m_ 3	114	1979		2	1979	, that(I) (we) lost
	sow the deceos	ed olive on	5/2	0 1	000	d that in (my	(our) opinion o	deoth occurred on the d	ote and ha	our and from th	
	22b. SIGNATURE	did) (did not)	view the body	ofter deoth.		DEGREE				224 DAT	TE SIGNED
	a1. 4	700		Age.			ATTENDING _	MEDICAL STA		5-1-	23/20
	79. 0		, ,			~		DIRECTOR   PHYSIC	IAN []		-3/ 1-1
1	22d. PHYSICIAN'S NA			1		22e ADDRE		in Square	1-	1011	2/277
	NAJIZ	0207	HH	AROU	N	71011	rankl	in Januar E	1.	1701110	21231
23o. 8	SURIAL, CREMATION,	REMOVAL	236. DATE		36 NAME OF CE	METERY OR	CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
(:	Buria	1	5/25	/79	New Ca	thed	ral	Baltimo	re		farviland

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the m

TENDING PHYSICIAN: The lo

retained by the hospital or attending physician.

Wise Avenue, Dundalk, MD 21222 74 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

25a. DATE REC'D. BY REGISTRAR 25b. FLA

1979

E-100-La at the

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10826

0		FOR STATE REGISTRAR				MENT OF I	HEALTH		ENTALH			7 9 -		826	
		CEASED NAM E OR PRINT!	e First John	1	Josep	oh.	Du	mps			20. DATE KI OF DEATH A	NOWN X	- 1	DAY YEAR 15 19 79	26. HOMR 8:05,
	3. SEX	ale	4. RACE White	5. DATE OF BIRTH MONTH DAY Feb. 2,		6. AGE (IN YEA LAST BIRTHDA	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUNC DEAD	ED .	MONTH ay 15	DAY YEAR	2d. HOUR
5	Ma	RTHPLACE (S REIGN COUNTRY) ryland		76. CITIZEN OF WE	A COUNT	RY?	WIDOW		DIVORC	ED 🗆	Balt	imore	Cour	nty	MD
0	Fu		n 21236	11. NAME OF HOS	ntee	Court		er institu	TION	FORM	AL OCCUPA OST OF WORKII LCEMAN			OR INDUS Balto.	TRY
6	13e. S Ma	ryland	Balt:	DROTHER INSTITUTION, GIVING TY	13c. CITY	erton	ON)				FI ADDRESS	tee C	ourt	21236	
0		THER'S NAME	eph	WIDDLE .	Du	mp <b>s</b>		6	er's maide loret		MIDI	-		Maxwe:	u
1	16a. V	YAS DECEASE S NO, OR UNKNO Yes	DEVER IN U.S. ARI			48 <b>-</b> 992		Delo:		. Dun	nps, w	address ife	Sa	une	
	NO	gave ri cause (a lying cau		DUE TO, OR  (b)  DUE TO, OR  (c)  CONTRIBUTING TO DEATH B	AS A CONS	SEQUE	DF.	DR CONDITION	N GIVEN IN PA	RT 1 (a).	,				
2	TIFICAT		OPERATION	CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFOR	MED?	_				20. AUTOPSY	NO X
: EM	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 214 INJURY C	CCURRED	P.M.	MONTH		211. LOG	CATION	OCCURRE	D LENTER N	ATURE OF INJUR				
2	W	death result	fy that I taak charg	e of the remains desc	Accident	e, held an	Autaps	Hamic TITLE (S	PECIFY	Undete Defi MEDI	Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquire Inquire Inquire Inquire Inquire Inquire Inquire Inquiry Inquire Inquir	and	d in my op	sinion 5/17	/5g
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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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/	9	404		U	0	6	-

3		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
4		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
diam'r.	(TTP)	OR PRINT) Wi]	lliam		W.	Dun	can, Jr.	1110	4/13	1979	7
2	3 SE	Х		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 H
-			Wh:	ite		st 31,1923	55	YRS	NIMS DAYS	HOURS M	
ce.			Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D XNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
555	100	aryland		U. S	. A	WIDOWE		Baltimore	County	Y	
Softlied		OWSON	ATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET A Joseph Ho		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O MgrComment	F WORKING LIFE)	INDUSTRY	OF BUSINESS
pe	USU	AL RESIDENCE (IF NUR	ISING HOME OR				A124 INCIDE CITY I INVITED	13e STREET ADDRESS			
Son		aryland		imore	Phoenix	N	YES NOXX	11 Windem	eres Pa	rkway	
in er		ATHER'S NAME		17 - 1-10			15 MOTHER'S MAIDEN N	AME	0101 10		
E ON		William		MDDLE	Danga	n C×	Amelia	MIDDLE		Matt	
0	160	WAS DECEASED EVER			Duncar		17 INFORMANT	ADDRE	SS	Macc	are
edic	(	YES, NO OR UNKNOWN)	I (IF YES, GIVE	WAR OR DATES)				Camo A	a #12a		
e m	¥.	ES	WW11	-	216-16-0	709	Vera R. Dui	ncan, Same A	2 #T26	V LUMBER	MATE INTERVAL
ony injury, o	CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TER.	MINAL DISEASE OR CON	20b. IF YES, V		NGS USED
SMO	E							YES NO	YES	NG CAUSES	OF DEATH?
тел 18 sh		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT		DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	I OR PART 2)	
rked or I	MEDICAL	21d. INJURY OCCUR	VHILE		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.}	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
21 is mo	220.1 certify that (1) (this haspital) attended the deceased from								ote and hour a	- /	that (I) (we)
JT: If Item		22b. SIGNATURE	ode	Fa	2)	ulle	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [	22¢ DATE	3/29
TAL											
OC			IAME (TYPE OR				22e ADDRESS			-	
0					1 M. D.			Road, Towso	on, Mar	yland	
		Charle	s F. O			NAME OF C		Road, Towso	on, Mar	yland	STATE
IMPORTANT: #		Charle	s F. O	'Donnel	23c. N		7501 York	23d LOCATION CITY OR TOWN	CC	OUNTY	state Jarylan

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 1/76 (VR A 15 (4))

ar attending physician PHYSICIAN:

OR ATTENDING

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	4.3		- 1	0	-	-	

	1.	REGISTRAR			CERTIFI	CATE OF DEATH		REG. NO	D.		
7		DR PRINT) UAROL	MIODE	57021	D	INSTER, SI	20 DATE O	F DEATH	AD HINOM	Y YEAR	2b HOUR
3	3. SEX	h	4 RACE W	,, 0,1-1	5 DATE O		6 AGE (INY	YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
29		RTHPLACE ISTATE OR FOREIGN HUNTRY) CW YORK	16. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED		DRECITY O	R COUNTY O	COV/	YTY M
21	M CI	+ WILSON	11. NAME OF HOS (IF NOT IN SUCH FACE	CILITY, GIVE STREET A		center institution	(TYPE OF WOR	OCCUPATION FOR MOST OF	F WORKING LIFE)		Y Elect
	USU A 13a S	LE RESIDENCE (IF NURSING HOME O TATE 136 COU		CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO 1		ADDRESS 416	HA	novev	Rd
30	3	PAUL ;	MIDDLE FESTON	20 00 00	ta	15. MOTHER'S MAIDEN N	AME	WIDOLE		But	Son
1	16a. W (Y	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR OATES)	12-05-6	1486	HAVOID P.	Dunste	ADDRE	55 134 Reis	terso	inover k
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line D BY TE CAUSE (a)	for (a), (b), and	VI	KHOVH				BETWEEN	MATE INTERVAL ONSET AND DEATH
	7	Canditians, if any, which	DUE TO, OR AS	A CONSEQUE	NCE OF	RATORY	FA1	LUPT	1-	4	yRs.
		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUE	NCE OF	NH				4	DAYS
	NOI	PART 2. OTHER SIGNIFICANT big Letes Mal	1 / .	RIBUTING TO D	LATH BUT		MINAL DISEAS				
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	FOR WHICH	OPERATION	N WAS PERFORMED	200 AUT	NO 🗌		WERE FINDING CAUSES	
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJUR	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	2	CITY OR TOW	VN	COUNTY	STATE
		220.1 certify that H (this hosp saw the deceased alive a obove (H (we) (did) (did)	MAT:	77 19	7	d that in (pg) (aur) opinia	n death occurr	ed an the do	ate and hour		that JH (we) los causes stated
		22b. SIGNATURE Polent	Bourst	ok t	7.1.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22c. DATE	2-)9
1	ij	ROBERT	BORV	SHOK	h.b.	MT WILS	ON,	MAR	7 LAI	YD 21	11/2
	1	URIAL, CREMATION, REMOVAL PECIFY) Vemation	23b. DATE 19423,	1	1-1	Lew Mem P	K. 23d. LOC	STOWN	more	county h	nd state
	24 FL	INERAL DIRECTOR	st n.	AOORESS	11/6	25g. D	ATE REC'D. BY	REGISTRAR	25h REGISTR	AR'S SIGNAL	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be natified of once.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the haspital or attending physician.

		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-	- 1	0	8	2	9	
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1	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
Ì	1. DECEASED NAME FIRST			LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
ı	(TYPE OR PRINT)	X Vi	rginia H.	Dwayer	May 15	79 4:30 A M
ı	3 SEX	4 RACE	5 DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ı	Female	White	May	1917 YEAR	62 yr	MONTHS DAYS HOURS MIN
ı	To. BIRTHPLACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY? B	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
	Maryland	U.S	A. WIDOWI		Baltimore Cou	inty, MD.
	10 CITY OR TOWN OF DEATH	HE NOT IN SHE	HOSPITAL, NURSING HOME (		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
3	Timonium	314 Qu	aker Ridge Roa	ad	Home Maker	Own Home
1	USUAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	
j		ltimore	Timonium	YES NO 🔀	314 Quaker R:	idge Road
	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME	LAST
d	George	H.	Haugh	Adah	W.	Wilson
	160 WAS DECEASED EVER IN U.S.	. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	. ADDRESS	
ı	No		218-07-3198	Vincent J. Dw	ayer Same as	#13.
ı	18 CAUSE OF DEATH LEnte	er only one couse per				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (a)	Respirator	y arrest		
ı	1579	DUE TO, O	R AS A CONSEQUENCE OF			
ı	Conditions, if ony, which	(b)	Carcino	omatosis		2 months
1	gave rise to immediate couse (a), stating the	DUE TO, O	RAS A CONSEQUENCE OF Suspect adeno			
1	underlying cause last	( (c)	Suspect adeno	carcinoma panc	reas	2 months
۱		NT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1/0
4	19a DATE OF OPERATION  27a. ACCIDENT WAS UNDERLYING	TIGH COND	ITION FOR WHICH OPERATIO	ANI WAS BEREORASED	20a AUTOPSY? 20b. 1F	YES, WERE FINDINGS USED
ı	DATE OF OPERATION	176 COND	ITION FOR WHICH OPERATIO	IN WAS PERFORMED	INCER	RTIFYING CAUSES OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	21b. TIME C	AF INTITIDY	1214 HOW INTURY OCCURR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
۱		F DEATH HOUR A.	M. MONTH DAY YEAR	THE HOW INJOH! OCCORR	CED GENTER NATURE OF MIJORY IN HEM	16, PART   OR PART 2)
۱	(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.	M. 19	211 LOCATION		
ı	WHITE NOT WHITE		REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
1	AT WORK		a deceased from May	25 10 62	May 15	70
1	220.1 certify that (I) (this h saw the deceased alive above, (I) (iii) (did) (did)		e deceased from	, 19	death accurred on the date and h	, 19, that (I) (will) lost
ı	obove, (I) (We) (did) (did)	(nat) view the bady	after death.	DEGREE		Th. DATE SIGNED
	B- (	110.	-	ATTENDING .	MEDICAL STAFF	51509
Н	226. PHYSICIAN'S NAME (T	YPE OR PRINT!	DEVE	77. ADDRESS	DIRECTOR   PHYSICIAN	19 19 1
1	Donald O. Wo		P.A.	2 Gre	enmeadow Drive	21.003
+	230. BURIAL, CREMATION, REMO	VAL 236. DATE	1231 NAME OF C	EMETERY OR CREMATORY	Izat LOCATION	21073
	(SPECIFY) Burial				city or town	Ralta Md.
1	24 FUNERAL DIRECTOR	Thay 17	ADDRESS 1050 Y	ork Road 250 DATE	REC'D. BY REGISTRAR 150	
	Ruck Towson Fur	neral Home	Inc. Towson	,Md.21204 мду	20 4070	7
-			TOMPOIL	Jaras a man of MA	M A IA.	

BP\_\_\_\_\_\_ DHMH - 16 50M 1/76 (VR A 15 (4)) MAN VIEW HATCH

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral ashauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

# FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 10000
1. DECEASED NAME FIRST (TYPE OR PRINT) JOLA	MIDOLE	EDDY	20. DATE OF DEATH MONTH	16 7 11 3 M
3. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH  SEPT 7 19		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		ORE CO. / MC
BALTIM ORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A LOSEPH'S		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY  SCHOOL CAFETE
USUAL RESIDENCE (IF NURSING HOME OF 13e. STATE 13b. COU		YES NO NO NO	1344 JAMESTO	OWN DRIVE
LEWIS	MIDOLE NACY	15. MOTHER'S MAIDEN	MIOOLE	(UNX.)LAST
168 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUL (E WAR OR DATES) 223-46-4	9278 BENIAMIN	ERDELYI SEVERA	PRIDATES CT.  ), MD. 21144  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	TIL CARENOMY	PANCREAS	Months Months
190. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE T	IN CER	(ES, WERE FINDINGS USED THEY ING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	19 211 LOCATION	CURRED LENTER NATURE OF INJURY IN ITEM II	B, PART 1 OR PART 2)  COUNTY STATE
22a I certify that (I) (this has	and letters	DEGREE	nion death occurred on the date and h	our ond from the couses stoted  22c. DATE/SIGNED  5/17/79
230 BURIAL CREMATION REMOVA	Warren W L 236 DATE 236. N	AME OF CEMETERY OR CREMATO	INCE GEO. ST,	LALKEL MO
"Bürial" 'FLECK KAUREL		eadowridge Men		Howard, Md.
		INC.		tru Malreadi

BP. DHMH - 16 25M

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executed within 24 hours

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the retained by the haspital or attending physician.

TO HOSPITAL

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1083

1 - STATE	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3-10831
REGISTRAR  1 DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
(TYPE OR PRINT)  ALBI		ELDRIDGE		02 79 8:30F M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
MALE	WHITE	07 21 0	4 77	MONTHS DAYS HOURS MIN
Je. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	9. BALTIMORE CITY OR COUNT	TY OF DEATH
MADYT AND	II C A	MARRIED NEVER MARRIE		
MARYLAND  10. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCES		NIY MD.
CAMONGUITATE	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	
CATONSVILLE  HISTIAL RESIDENCE (JENURSING HOM		RSING HOME	ASST, MANAGER	HOTEL
	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY 130 CITY OR TO			71.55
MARYLAND	BALTIMO	RE YES X NO [	203 0111121 121	LLAGE, 21229
14 FATHER'S NAME FIRST	MIDDLE LAST	FIRST	MIDDLE	EAST
JOHN		IDGE IREN		UNKNOWN
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IFYES,	ARMED FORCES? 166 SOCIAL SEG		ADDRESS	
NO	215-01-	7316 ROBERT EN	GLAND, 5700 HAMMONI	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r anly ane cause per line far (a), (b),	and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMED	DIATE CAUSE (a)	//1		
4292	DUE TO, OR AS A CONSEC	UENCE OF		
Conditions, it any, which gove rise to immediate	(b) 10(VD			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
	(c)			
			TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
º Kecent (VH	with right hemip			EC MERE EN DA MOS MOST
Recent (VA) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
N M				YES NO
OR CONTRIBUTION CALLES OF		DAY YEAR 216. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	I, PART I OR PART 2}
S (IF EITHER, NOTIFY MEDICAL EXAMI		19		
4 FEITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				
	ospital) attended the deceased from	70 1	19 , to "ay 2,	. 19 <u>7</u> , that (1) (we) lost
saw the deceased alive above, (1) (we) (did) (did	nati view the bady after death.	and that in (my) (our) o	pinion death occurred an the date and hi	our and from the causes stated
226. SIGNATURE	_ 0	PEGREE		22c. DATE SIGNED
James	2 prove	MOD ATTEND PHYSIC	ING MEDICAL STAFF	5-3-79
224. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e. ADDRESS		
JAMES E. ROV	VE M.D.	413 COMMO	NWEALTH AVENUE, BA	LTIMORE, MD.
230 BURIAL, CREMATION, REMOV	AL 236. DATE 23	NAME OF CEMETERY OR CREMA	ORY 23d LOCATION	COUNTY STATE
BURIAL	05-05-79 I	PARKWOOD CEMETERY	BALTIMORE CI	TY MARYLAND
24. FUNERAL DIRECTOR	ADDRESS	21229	o. DATE REC'D. BY REGISTRAR 25b. REOL	
	L HOME, INC., 410	7 WILKENS AVE.	WAT 4 19/9	tray Metresdy

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in the should be detached for use as the busiol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exeminer must be

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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afterined by the hospital or attending physician.
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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR	257	CERTIFICATE OF DEATH	REG. NO		0032
		CEASED NAME FIRST GEORGE	ge Jessee C	Merberger	20 DATE OF DEATH	5 28 7	79 /95
1	3 SE		White	S DATE OF BIRTH  MONTH  DAY  YEAR  1 1895	6. AGE (IN YEARS LAST BIRT		DAYS HOURS
影:	C	BALTO MA	16 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balti	R COUNTY OF DEA	County
notified	1.1	gy or town of Death Lochearn	Cughin Such FAGILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  Tittles Titone.	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		IND OF BUSINES
and S	130 S	AL RESIDENCE (IF NURSING HOME COU	INTY 13c CITY OR	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? MORE CITY YES NO [	13e STREET ADDRESS	5 dever	ton Au
1) Samine	14. F/	ATHER'S NAME FUST	MIDDLE Ellenberg	15 MOTHER'S MAIDEN N. FIRST  Caralin	AME MIDDLE		LAST LAST
2 medical	160 V	WAS DECEASED EVER IN U.S. A YES, NO OBUNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17 INFORMANT 03-947 5432 Cedonic	Mrs. Caroly Ave., Bait	n Koerber imore, MD	21206.
ther fraumol		Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	,	encyfoma		2
ury, or o	z	PART 2 OTHER SIGNIFICANT	( ) CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
ws ony injury, or o'	IFICATION				200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
lem 18 shows ony injury, or o	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	.  G TO DEATH BUT NOT RELATED TO THE TER  THICH OPERATION WAS PERFORMED  216, HOW INJURY OCCU		20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH NO
rked or Item 18 shows ony injury, or o	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	196 CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR  19  216 LOCATION	200 AUTOPSY?  YES NO	20b IF YES, WERE FIN CERTIFYING CA YES TEN TEM 18, PART I OR PA	FINDINGS USED AUSES OF DEATH NO [
21 is morked or Item 18 shows ony injury, or o	SAL	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (I) (this hosp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY JATHOME, STREET, FACTORY, OF	HICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCU 19 21f. LOCATION STREET	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF INJURE OF INJ	20b IF YES, WERE FIN CERTIFYING CAYES TO THE TENT TO T	FINDINGS USED USES OF DEATH NO  NRT 2)  TY STA
IT: If them 21 is morked or Item 18 shows ony injury, or o	SAL	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did in  22b SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of	HICH OPERATION WAS PERFORMED  A DAY YEAR  19  21t. HOW INJURY OCCU  TOM  TOM  TOM  DEGREE  TOM  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF INJURE OF INJ	20b. IF YES, WERE FIN CERTIFYING CA YES  AY IN ITEM 18, PART 1 OR PA VIN COUNT TO THE ORDER OF THE ORDER TO THE ORDER OF THE ORDER TO THE ORDER OF T	FINDINGS USED USES OF DEATH NO  NRT 2)  TY STA
IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or or	SAL	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  22a.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of	HICH OPERATION WAS PERFORMED  A DAY YEAR  19  216. HOW INJURY OCCU  PRICE, FARM, ETC.)  216. LOCATION  STREET  DEGREE MD  ATTENDING PHYSICIAN  228. ADDRESS	200 AUTOPSY?  YES NO  RRED (ENTER NATURE OF INJUIT  CITY OR TOV  A death accurred on the do	20b IF YES, WERE FIN CERTIFYING CA YES  TY IN ITEM 18, PART I OR PA VN COUNT  TO THE ORD HOLD TH	TY STA  THE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detached for use as the burial-transit permit. Then please remaye carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as remayal.

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DHMH-16 50M 7/77 (VR A 15 (4))

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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1	FOR XC 5 4444  1 - STATE REGISTRAR	185	DEPARTA		EALTH AND MENTAL HYG	IENE REG. NO	7	9-10	833
1	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	DANI		DWARD		LLIS	MAY 20, 19		1	5:50 AM
1	3. SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	_	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE			BER 6, 1898	80	YRS		
-	Je BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE!	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH	
7	MARYLAND	U.S.A.		WIDOWE		BALTIMORE			MD.
7	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	F BUSINESS OR
7	FORT HOWARD				RD, MARYLAND	Brewery wo:	rker	Brewe	ry
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	PROTHER INSTITUTION	BALTIMOR	N	13d INSIDE CITY LIMITS? YES NO -	13e STREET ADDRESS 1354 BROEN	ING H	IGHWAY	11 4 7 18
	14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	200	LAS	1
į	BENJAMIN		ELLIS	5	MARY	ANNA		BAU	IGER
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS Phoe	nix, M	d.
7	(YES NO OR UNKNOWN) (IF YES, GI	II	216 05 6	508	John Rellas	12847 Sto	neagle	Rd. 2	1131
Ì	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS	nly ane cause per	line far (o), (b , and	dic				BETWEEN	MATE INTERVAL
		TE CAUSE (o)	QUESTIONA	BLE C	CARDIAC ARRYTH	MIA			
1	496-	DUE TO, O	R AS A CONSEQUE	NCE OF				100	
	Canditions, if any, which gave rise to immediate	(b)	PNEUMONIA						
	cause (o), stating the underlying cause lost	cause (a), stating the underlying cause lost (DUE TO, OR AS A CONSEQUENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE							
	PART 2 OTHER SIGNIFICANT DIABETES, ART				NOT RELATED TO THE TERM		ITION GIVE	N IN PART 1(c	
Ī	DIABETES, ART.				N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
-	THE LEGISLATION OF THE LEGISLATI					YES NOTO	YES	ING CAUSES	NO [
	OR CONTRIBUTION CALLER OF OR	~	OF INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 1B, PA	RT 1 OR PART 2)	
	OR CONTINUED THE CAUSE OF DE LEGAL EXAMINED TO THE CONTINUE OF THE CAUSE OF DE LEGAL EXAMINED TO THE CONTINUE OF THE CAUSE OF DE LEGAL EXAMINED TO THE CONTINUE OF THE CAUSE OF DE LEGAL EXAMINED TO THE CONTINUE OF THE CONTI	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	220.1 certify that (P4)this hosp sow the eleceosed alive a obave, (M/we) (did) (dhid				nd that in (Xy) (aur) opinian a	, ta MAY 20 death occurred on the da	te and haur	9_79	that X (we) lost
ı	22b. SIGNATURE	view the dody	offer deoffi.		DEGREE		-	22c. DATE	SIGNED
	Shut	3	MC	.D.	ATTENDING PHYSICIAN	MEDICAL STAF		5/20	/79
Ī	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS			1 21 -0	
	LUIS CISNEROS		132.7		V.A.M.C, FOR	T HOWARD, M	D		
	230 BURIAL, CREMATION, REMOVA	Printerior (12/2)			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STANE
	Burial	5-23-	ry Ga	rdens	of Faith	Baltimore			
9	H TUNER DERECTOR	men	ADDRESS	02.3	250. DATE	REC'D. BY REGISTRAR	Sb. RECOSTR		
ı	Fuzdzinski Fund	eral nom	e PA 1407	OTa	Pasceru HAM	Y 22 1979 I	hardo	my seek	wordy .

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# STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. N	1 0	-10	834
		CEASED NAME FIRST	A	AIDDLE		LAST	2R. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Myr	tle		E1	lis	May 26,	1979		5:25
	3 SE	x Female	4 RACE White	€	5. DATE O	H DAY YEAR	AGE (IN YEARS LAST BIR	M	ONTHS DAYS	IF UNDER 24 HI
A Page	7a. B.	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	Baltimore City of Baltimor			
57		ossville 21237	11. NAME OF H		ADDRESS)	OR OTHER INSTITUTION	12R. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife	ON	12b. KIND C	
35	USU.	AL RESIDENCE (IF NURSING HOMESTATE	OR OTHER INSTITUTION.		ADMISSION)	134 INSIDE CITY LIMITS? YES NO 34	13. STREET ADDRESS 602 Delawa			
exomine.	14. FA	ATHER'S NAME FIRST	MIDDLE k <b>nown</b>	LAST		15 MOTHER'S MAIDEN NAV			LAS	
medical		VAS DECEASED EVER IN U.S. (IF YES, 1	ARMED FORCES? GIVE WAR OR DATES)	146 SOCIAL SECU 213-32-5		Charles R.El	1122 Cedary lis, son Br	ille Pandywi	ark ne, Md	.20613
tic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	IATE CAUSE (o)	costrio	llum	Septicemia Gastrectom		ing	APPROX BETWEEN	MATE INTERVAL ONSET AND DE
other troumo		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(b)	R AS A CONSEQUE		045 02 0000				
njury, or	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ☑ NO ☐	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is mo		220.1 certify that (this has sow the deceased alive above, (K (we) (did) (Ad	on May 26	deceased from		nd that instruct (our) opinion of				that (K (we)
H Hea		27b. SIGNATURE	~~~	-di		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE 5/2	SIGNED
MPORTANT			E OR PRINT)			22e ADDRESS				

DHMH-16 20M (VRA 15, 4) 7/7B

etoined by the hospital or attending physician

raith Cem. HOME PA 1407 Old Eastern

Baltimore 250. DATE REC'D. BY REGISTRAR 250. REOUSTRAR'S SIGNATURE
AVMAY 2 8 1979 campletely filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical is the property of the property of the medical energy of the property of the

TENDING PHYSICIAN: The low

# STATE OF MARYLAND

Reisterstown, Md. 21136

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1083	7	9	_	1	0	8	3	5
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	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	79-1	083	3 5
			IRST	MIDDLE	L	AST	20. DATE OF DEATH		YEAR 26. H	HOUR
i	(TYPE	OR PRINT) Gra	ce	A.	Ens	ley	May 31	, 1979	1//	215 Am
ij	3. SEX	(	4. RACE	AD 19 17 17	5 DATE C		6. AGE (IN YEARS LAST BIR			NOER 24 HRS
ï		Female	1	White	MONTH	25 16	62	YRS.	DAYS HOU	JRS MIN
Į		RTHPLACE (STATE OR FOREIG	ON 76 CITIZEN C	F WHAT COUNTRY?	B.	D NEVER MARRIED	9. BALTIMORE CITY O		ATH	
ā	B	alto. City		5A	WIDOWE	DIVORCED [		imore Cou	nto.	MD.
12		rings Mills		F HOSPITAL, NURSIN Dorgate R		DR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Sales Le	ION OF WORKING LIFE) 12b. IND	USTRY	SINESS OR
5	USU A	TATE Md.	Balto.	Owings	Mills	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 106 Dor	gate Road		
2/	14 FA	THER'S NAME FIRST Herbert	MIDDLE	Strohme	er	15. MOTHER'S MAIDEN NAME FIRST Grace	WIDDLE	K	LAST Ceating	9
1	16a. W	AS DECEASED EVER IN		? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		E	llicott
	(4	ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	216-32-	-2350	Thomas J. E.	nsley, 2409	Sunset R	id. Ci	ity, Md
		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one couse ( CAUSED BY. MEDIATE CAUSE (0),	1 4	nd ic	wo - ovar	in	В	APPROXIMATE I	ANDDEATH CONTINUES
		Conditions, if any, w		OR AS A SOUSTON	ENIGE OF	1. met	astania		18-2	north
		gove rise to immed couse (a), stating	liote	or as a consequ	ENCELOF					
	NO	PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN P	ART I(o)	
	CERTIFICATION	190 DATE OF OPERATIO	N 196. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS L	JSED DEATH?
4	TIFI						YES NO	YES 🗆		0 🗆
7		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)	
ì	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	МІХ	STATE
H		22a.l certify that (I) (th		the deceased from_	100	19- 19-77	_, to _ 5 -	3/ 197	9 , that I	(I) (we) lost
Ы	0	sow the deceased	olive on5	2-5 19	79 .0	nd that in (my) (ew) opinion	death occurred on the o	ate and hour and fr	om the couse	es stated
H		22b. SIGNATURE	4/10	La		ATTENDING PHYSICIAM)	MEDICAL STA	FF _	6-1-	.79
1		22d. PHYSICIAN 5 DIAM	TYPEOR PRINT	1AM 5		1904 Res	leston	& Keister	stown	21/1/4
	23a. B	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c.		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		hom
	(:	Burial	June	2,79	Lake	View Memoria	l Sykesvi	lle, Md.	60	
ľ		JNERAL DIRECTOR		ADDRESS	1577	1 11	E REC'D. BY BEGISTRAF	15 yellis ing cong ste	THE WAR	7 .
	E	ine Funeral	Home Re	isterstown	1. Md.	21136   JUI	14 1010	/	100	

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Eline Funeral Home

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es that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FOR - STATE

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10836

	REGISTRAK				TORTE OF BEATT	REG. N	0.	, -	
	CEASED NAME FIRST	N	NIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
1	John	JOHW		ERB		5/21/79			8:35A
3. SE	х	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	
	Male Wr		ite June		6, 1910 YEAR	68 YRS M		ONTHS DAYS HOURS MIN	
	IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COU		WHAT COUNTRY?			9. BALTIMORE CITY O		F DEATH	
Maryland		IICA		WIDOWE		Baltimore County			N
10 CITY OR TOWN OF DEATH TOWS ON		GBMC, SUCTION, SWEET,		S HOME OR OTHER INSTITUTION DESCRIPTION DE		Tool Grine	TION TO F WORKING LIFE) 126 KIND OF BUSINE THOUSTRY G.L. Marti		OF BUSINESS O
13n S	ALRESIDENCE (IF NURSING HOME OR STATE A <b>ryland</b> Balti	OTHER INSTITUTION, TY MOTE	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 734 Sue G	rove Ro	ad 21	221
14. FA	ATHER'S NAME FIRST George	MIDDLE	Erb		15. MOTHER'S MAIDEN NAM	ne middle	THE S	Harn	er
	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		213-05-1627 Edna Erb, w			ADDRESS			
	18 CAUSE OF DEATH Enter only one couse per line for o, ib, and ic PART L DEATH WAS CAUSED BY Cardio Respiratory								XIMATE INTERVAL LONSET AND DEATH
	PARTI DEATH WAS CAUSED BY: Cardio Respiratory Arrest								
	185 - DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which ( Metastatic Ca of Prostate								
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost								
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
ě									
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			YING CAUSES OF DEATH?	
	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART							
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19								
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN						COUNTY	STATE
	220-1 certify that (I) (this haspit saw the deceased alive an above (I) (we) (did) (did and	5/21/7	79 19	4/1 , or	2/79 , 19 nd that in (my) (our) apinion d	to 5/21/79, to 5/21/79 leath occurred on the d	ote and hour		, that (I) (we) lo
	obove, (I) (we) (did) (did not) view the body ofter deoth.  72b. SIGNATURE  DEGREE								ESIGNED
	Black	,			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANS 5/21/79				
1	224 PHYSICIAN'S NAME (TYPE OF	PRINT)			77e ADDRESS				
	P.J. Patel, M	.D.			GBMC, 6701 N. Charles St. 21204				
23n E	BURIAL, CREMATION, REMOVAL	23b. DATE	200		EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
1	Burial	5-23-	79 Fi	nksbu	rg Cemetery	Finksburg	, Mary	land	-
11.5	POSSERIC TOPIZE	Kung !	and .		250. DATE	REC'D. BY REGISTRAR	250.	in the	Pationly
B	uždzinski Fune	ral Høme	PA~1407	Old .	Eastern AvenAy	22 19/9	1	-	-/

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed we with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

medical exam

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SICIAN. The law requires that the death certificate be executed within 24 natural attack from 4 m ing physicion.	cerificate has been signed by the attending physicion and completely filted in thy the second director, is unal-transit permit. Then please remove carbon popers. Pages 1 and 2 should to the directors.

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should be detached for u with the State Dept. of He IMPORTANT, If them 21 is

FUNERAL DIRECTOR. After

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FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Female To BIRTHPLACE ISTATE OR FOREIG Delaware 10 CITY OR TOWN OF DEATH Rossville

USUAL RESIDENCE (IF NURSING

(YES, NO OR UNKNOWN)

24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Rd. Balto; Md.

3 SEX

3a STATE Maryland

14 FATHER'S NAME FIRST Harry 160 WAS DECEASED EVER IN

FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MEN RTIFICATE OF DEA	ITAL HYGIE	NE	REG. NO	9-108	37
EASED NAME FIRST	M	IDDLE	LAST		20. DATE OF [	DEATH MONTH	DAY YEAR	26 HOUR
Sarah	Ca	therine !	ETRIDGE		May	30, 19	79	6:30 M
	4 RACE		ATE OF BIRTH		AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YE	
emale	White			Sept. 20, 1890 88			RS MONTHS DAY	5 HOURS MIN
THPLACE (STATE OR FOREIGN				פונה [ד] 9	BALTIMOR		UNTY OF DEATH	
aware U.S.A.			ARRIED NEVER MAR		Balti	more (	County	MD
PORTOWN OF DEATH	FACILITY, GIVE STREET ADDRES	SING HOME OR OTHER INSTITUTION EET ADDRESS!  are Hospital			CCUPATION OR MOST OF WORK & Cutt:	ing Life) 12b. KIND INDUSTR	OF BUSINESS OR SY Shades	
RESIDENCE (IF NURSING HOME OF ATE 136 COUP ryland		GIVE RESIDENCE BEFORE ADMIS 13C CITY OR TOWN Baltimore	134 INSIDE CITY	LIMITS?	3. STREET AL	Everal.	l Ave.Ap	t.1 F
HER'S NAME FIRST Harry	MIDDLE	Quick	15 MOTHER'S MA FIRST Fanni			MIDDLE	Mule	LAST PS
AS DECEASED EVER IN U.S. AR S, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218-09-072		eanor	C. Mor	address gando	6407 Eve	rall Ave.
18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per in BY TE CAUSE (a)	line for ia, (b), and icidardio-Res	piratory	Failu	ıre		APPR: BETWEE	OXIMATÉ INTERVAL EN ONSET AND DEATH
Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE				leart		
gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUENCE	OF		F	Failure	Э	
PART 2. OTHER SIGNIFICANT (	CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	IAL DISEASE	or condition	N GIVEN IN PART	lía

gave rise to immedi couse (a), stoting underlying couse PART 2. OTHER SIGNIFIC CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE May May 220.1 certify that A (this hospital) attended the deceased from that (we) last May sow the deceased are on May 30 above. M(we) (did) a nat) view the body after death. , and that in (a) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 9000 Franklin Sq. Dr. 21237 Hninze Thet, MD 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY STATE 6-2-1979 Most Holy Redeemer mer Baltimore 250. DATE REC'D. BY REGISTRAR 250 JUN 1 1979

BP DHMH - 16 50M 1/76 (VR A 15 (4))

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ned by the attending physicion and completely filled in by the please remove carbanpopers. Pages 1 and 2 should be filed

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERT	IFIC	ATE	OF	DEATH	
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REG. NO. 79-10838

REGISTRAR				CERTITI	CAIL OI DEATH	REG. N	o. / J	- 10	0 3 0
DECEASED NAME TYPE OR PRINT)	FIRST	MIDDLE		ŧΑ	ST	2a DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
John	Fra	nklin			Fair	5/25/79			7:05 A
SEX	4 RAC	E	5	DATE OF		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
M		W		H /	7/03 YEAR	76	YRS	ONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR I	OREIGN 76 CIT	IZEN OF WHAT	COUNTRY? 8	MARRIED	DEVERMARRIED [	9 BALTIMORE CITY	R COUNTY	OF DEATH	
MD		USA	7	VIDOWED	DIVORCED [	Baltimore	County	y	MD
CITY OR TOWN OF DE	ATH 11GH	EMELYOSP	AND GRANNE	EMM6	091681NS CRHCer	120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
Towson	67	Ol N. C	Charles	Stre	et, 21204	(III COT MORK TOK MOOT	" "OKKING EILE)	Cov,	
SUAL RESIDENCE (IF NUR	136 COUNTY	NSTITUTION, GIVE RI	ESIDENCE BEFORE AD		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
mp.	BALT	C EA	PST PEINT	-	YES NO NO	7600 0	YPRE	SS	AUC
FATHER'S NAME FIRST	MIDDLES		LAST		15 MOTHER'S MAIDEN NA	WE		LAS	Sİ
OLIVE	R	· FA	18		ANNIE		-	VK	
WAS DECEASED EVER	IN U.S. ARMED FO	0.1000	SOCIAL SECURIT		17 INFORMANT	ADDR	£55		
Y.E.S	1914-	21 2	13070	886	MAMIE	FAIR	-	ABOUL	E
18 CAUSE OF DEA		couse per line fo	or (o), b), and c	U la				BETWEEN	ONSET AND DEATH
PART I. DEATH V	VAS CAUSED BY.	SE (a) Ca	of col	on w	ith matastasi	S			
1539			A CONSEQUENC	CE OF	10 V		TILE	THE	
Canditians, if any		b)							
gave rise ta im couse (a), stati		IE TO OR AS	A CONSEQUENC	CE OF					
underlying causi		JE TO, OK AS A	A CONSEQUENT	CE OF					
	NIFICANT CONDIT	TIONS CONTRI	BUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 16	0
19a DATE OF OPERA	TION 191	CONDITION	FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
						YES NOS	YES		NO [
21a. ACCIDENT WAS UN		b. TIME OF INJU	URY MONTH DAY	VEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	21100K 01 DEMIII	P.M.	MONTH DAT	19					
21d. INJURY OCCUP	RRED 21e	PLACE OF IN			21f. LOCATION				
WHILE NOT V	WHILE C	T HOME, STREET, FA	CTORY, OFFICE, FARA	A, ETC.)	STREET	CITY OR TO	AIN	COUNTY	STATE
22a.1 certify that (I	(this hospital) att	ended the deci	eased frof /1	8/79	, 195/	25,670		9	that (I) (we) lost
saw the deceas		5/25/7	9 19		that in (my) (aur) apinion	death accurred on the d	ate and haur	and Iram the	causes stated
77k SIGNATURE	did/ did tidil view	me body diter	dedir.	D	EGREE			22c. DATE	SIGNED
12.1	1.000	reers	e M	0	ATTENDING PHYSICIAN	MEDICAL STA		5/25	5/79
724 PHYSICIAN'S N	AME (TIPE OR PRINT)				22e ADDRESS			12,-2	
Luis A	Albuerne,	M.D.			GBMC, 6701 N	. Charles	st. 212	204	
BURIAL, CREMATION		DATE /	. 23c NA	ME OF CE	METERY OR CREMATORY	73d LOCATION			
(SPECIFY) BUR					ALLA	CITY OR TOWN	0 1	COUNTY	STATE

BP\_\_\_\_

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the haspital or offending physician.

DHMH - 16 60M 1/75 (VR A 15 (4)) 24 FUNERAL DIRECTOR

J. G. CONNELLY

FOR - STATE

BOOMESS MACE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

offer

executed

requires that the death certificate be

1 -	FOR STATE REGISTRAR
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	8	83

		REGISTRAR		CERTI	ICAIL OI DEATH	REG. NO.	
3		CEASED NAME FIRST	WIODIE		LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
1	(TYPE	GIUS -	TINO	下	ARAONE	May 10,	797:45PM
	3 SE	X AA AI C	4. RACE	5. DATE O		e. rioz (iii terme mar minimum)	FUNDER I YEAR IF UNDER 24 HRS
H		MALE	White		y 23, 1896	82 years old YRS.	ONTHS DAYS HOURS MIN
Free		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
17		Italy	U. S. A.	WIDOWI	DIVORCED	Baltimore County	MD
51		andallstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET BALTIMORE COUNT			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  CONTRACTOR Sto	126 KIND OF BUSINESS OR INDUSTRY THE Mason
26	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
30			timore Lochean	n	YES NO.100	6608 1/2 Liberty	Terrace 21207
	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
250		Gabriel	Faraone		Rose	Conosetta To	acconelli
7	160 V	VAS DECEASED EVER IN U.S. AR		JRITY NO.	17. INFORMANT		LibertyTerrace
-	2	(IF YES, GIV	= WAR OR DATES) 216-05-6	3717	Mrs. Elda Far		Maryland 2120
		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), ar	id (g).)	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	13			0-1	PUL MONAR	Y ARREST	
		1001 GA IMMEDIA	TE CAUSE (a)				
		1007	DUE TO, OR AS A CONSEQU	ENCE OF	EN PAROL	NOMATOSIS	
		Canditians, if any, which	(b) GENER	17616	CD CITICI	101/1/1/03/7	
1		gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQU	ENCE OF		00000	
		underlying cause last.	DUE TO, OR AS A CONSEQU	IOMI	a of Bl	HDDER.	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
	N						
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
-	F					IN CERTIFY	ING CAUSES OF DEATH?
die	E					YES NO YES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
-1	AL	(IF EITHER, NOTIFY MEDICAL EXAMINER	NIII	19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		
-3"	X	WHILE TO NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK NOT WHILE AT WORK			1		
74			ital) attended the deceased fram_		, 19		9, that (I) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did no	at) view the bady after death.	, a	nd that in (my) (aur) apinian o	death occurred an the date and haur	and fram the causes stated
		226. SIGNATURE	0 11		DEGREE		22c DATE SIGNED
24		Baynote	soowna.	200	M D ATTENDING	MEDICAL STAFF	5/10/10
		228. PHYSICIAN'S NAME (TYPE C			PHYSICIAN [	DIRECTOR PHYSICIAN	13/10//
1		BANPOTE	POUSUTHA	SEE		RE COUNTY G	EN. HOSPI
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	123d, LOCATION	
	(	SPECIFY) Burial				CITY OR TOWN	OUNTY STATE
	0/ 5		May 14, 1979 Mo	D 10	ty nedeemer	Baltimore -	Maryland
	24 FI	NAME NAME	g Byers Funeral d Randallstown,	Direc	tors, P.A. 250. DATE	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
	. 0'	128 Tahontu Roa	d Randal. 7. stown.	Maruz	and 21133 MAY	1 1 1979 Pint	. 60
	101	do biber og nou	0 1100100000000000000000000000000000000	0		19/9 4/4	Bart Mallander

DHMH - 16 50M 7/77 (VRA 15 (4))

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# STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9-10840

1.5	REGISTRAR						REG. N					
	ECEASED NAME FIRST		IDDLE		AST		20. DATE OF DEATH			YEAR	26. HOL	JR
,	John	John Kennedy Feldbush					May 20, 1979					
3. S	EX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	DAYS	IF UNDER	R 24 HRS
	Male	White		10	23 19	25	53	YRS.	MONTHS	DATS	HOURS	Wuz
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	8.	NEVER MARRIED		9. BALTIMORE CITY O	R COUNT	Y OF DEA	ATH	900	
	Ohio	USA		WIDOWE	D DIVORCED							MD.
10.0	ITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	N	120 USUAL OCCUPATION OF OF WORK FOR MOST OF			KIND O USTRY	F BUSIN	ESS OR
P	hoenix		tanwick l		Phoenix		Supply			Oil		
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIM!	TS?	13e. STREET ADDRESS					
		lto.	Phoenix		YES NO [		2404 Star	nwick	Rd.			
14, F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	-	MIDDLE	7.7		LAS	.1	
	Harry Aug		ldbush		Carme	el			enne	dy		
160.		VE WAR OR DATES)	166 SOCIAL SECUI		17. INFORMANT		ADDRE		2.4	0.4	<b>a</b> .	. ,
L	Yes WV	V II	272-20-8	3875	Mrs. Lu	cre	tia T. Feld	ibush	·			
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		line lor (o), (b), one	183	0 0		10	0	88	TWEEN C	MATE INTE	RVAL DEATH
		ATE CAUSE (0)	Herle	Care	leopulus	-	Heren	-	-			
	4254	DUE TO, OR	AS A CONSEQUE	NCE OF		,,						
	Conditions, if ony, which	(b)	Curel	ion	as a bus	- Ay	/-					
	gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF								
	underlying couse lost	(c)				1-16						
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN P	ART 1(c	) )	
CERTIFICATION				0000.710			Las auxonsva	TOOL IF VE	C VA/EDE	FIN ID IN	100	
ICA	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206. IF YE IN CERTI			OF DEA	TH?
E		7) 21b. TIME O	T IN LUI DV		Tax How Million	CCUIDE	YES NO		ES 🗌	-	NO [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR	TIC. HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJU	RY IN HEM 18,	PARTIORP	ART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	AN LOCATION							
MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE (	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET		CITY OR TOV	VN	COUN	4TY	5	TATE
	AT WORK AT WORK				The state of the s							
	sow the deceased alive a		deceased from			oinian d	eoth occurred on the di		19		that (I) (	
	obove, (I) (we) (did) (did n	of view the body	olter death.			omion d	eom occorred on me di	one one not			SIGNED	
	220. SIGNATURE	_		2	DEGREE ATTEND	ING	MEDICAL STA		110	. DATE	SIGNED	
1	22d. PHYSICIAN'S NAME (TYPE	>	1	-	PHYSICI 22e. ADDRESS	IAN [	DIRECTOR PHYSIC	IAN 🗌				
	CONTRACT A LA CARE CONTRACT	100	M D		8 Cedar	Kn	011 Rd					
-	Alan J. Bal	1000										
- 3	BURIAL, CREMATION, REMOVA	236. DATE 5/22			nes Ch. C		23d. LOCATION CITY OR TOWN	m 1.4	COUNTY		ST	TATE
-	UNERW DIRECTOR	5/24	17 51.	Jaii			Monkto		THAP'S	· Const	duc .	
14	The strong of	mmon	, 10 W.	Dado		MAY	9 1 1070	Lie	they!	KEL	resolu	4
1	N. E. TOWELL I	16111111011	, IO W.	Lado	illa lu.	IHM	0 1 10/0		1			

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and compilerally filled in by it should be detached for use as the burial-transit permit. Then please remove carban papers. Papers I and I should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar other traumatic event, the

medical exam

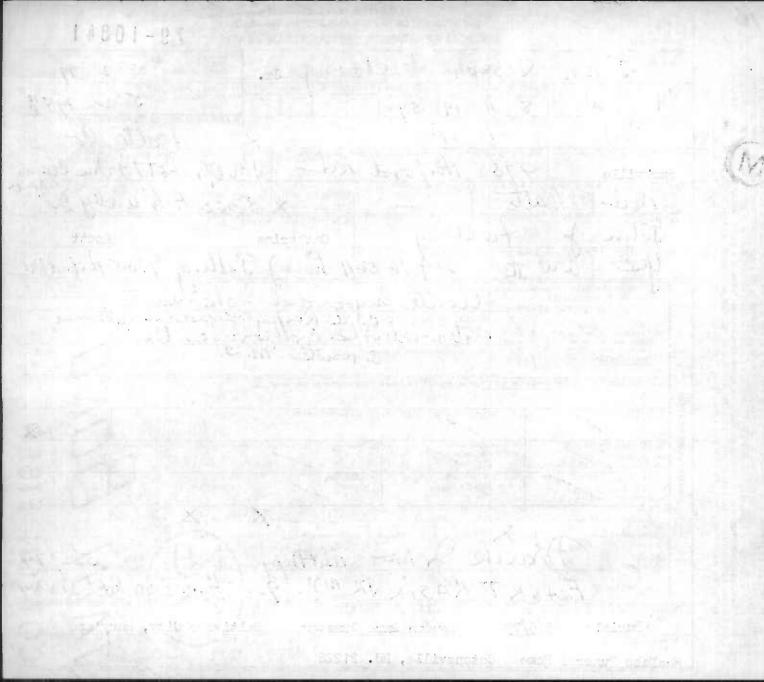
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STATE OF MARYLAND



Item 10 g532 6/27/79 gj

X		1 -	FOR STATE REGISTRAR			CERTIFI	CATE OF D		ENE Reg. n	79-	-108	4 2
M)			TAMES A FINITY SON 5.30.79 6.45									26 HOUR P. 6.45 M
1		3. SE	m.	4. RACE	9	5. DATE O MONTH	F BIRTH	27	6 AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Seath. Po	5	Ï	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.	S.A.	WIDOWE		ORCED [	Baltimore City	_		MD.
by the ti	15	1	TY OR TOWN OF DEATH Baltimore	GOOD	HOSPITAL, NURSING ICH FACILITY, GIVE STREET	ADDRESS)		PESP1	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST, Advisory	ion Inginee	IZE KIND OF	BUSINESS OR Lnghouse
filled in nould be	Soll	Ma		ME OR OTHER INSTITUTIO OUNTY Ward	N, GIVE RESIDENCE BEFORE	City		NO 🗌	14034 Dado	Court	Ellico	ott City
ed within mpletely ond 2 sh	2000		ate James Fi	nlayson	LAST		late H	MAIDEN NAM	MIDDLE		LAST	
n ond co			VAS DECEASED EVER IN U.S.	6. ARMED FORCES? 6. GIVE WAR OR DATES)	359-18	-359	Phyll		layson 403		Court	
equires that the death certifical signed by the attending physon Then please remove carbangot to burial, cremation, or remove		NOI	18 CAUSE OF DEATH Ent PART I. DEATH WAS CAUMED Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse loss.  PART 2 OTHER SIGNIFICATION AND A PART 2	DUE TO, (c)_ NT CONDITIONS (	DR AS A CONSEQUE  CHRON  DR AS A CONSEQUE  CHRON  CONTRIBUTING TO E	ENCE OF	NOT RELATED	ONE TO THE TERMI	PILURE PRRITIS NAI DISEASE OR CON DOEK, A	NDITION GIVE	N IN PART 1(0	NASE AND DEATH
he low ration.  those been it permit.		CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATION	N WAS PERFOR	RMED	YES NO		WERE FINDING ING CAUSES (	
SICIAN: 1 9g physic certificote riol-trons entol Hyg			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR		AY YEAR	21c HOW IN.	IURY OCCURRI	ED (ENTER NATURE OF INJE	IRY IN ITEM 18, PAR	RT 1 OR PART 2)	
offending offer this ce is the buri		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIO STREET	Ν	CITY OR TO	WN	COUNTY	STATE
ATTENDIN spitol or CTOR: Al			220.1 certify that (I) (this has sow the deceased alivabove, (I) (we) (did) (did)	e on 5	Zo. 19 4	25, on		, 19 <u>75</u> (our) opinion d	eoth occurred on the c	dote and hour	and from the c	
by the horner DIRE e detoched Stote Dept			226. SIGNATURE Vita	l Ledde	7		Р	TTENDING HYSICIAN	MEDICAL STA	CIAN A	22c. DATE S	IGNED
TO HOSPITAL retoined by il TO FUNERAL should be det with the Stote			22d. PHYSICIAN'S NAME (T					000	SAMAR	ITAN	HOS	PITM
BP		Bi	BURIAL, CREMATION, REMO SPECIFY) L <b>rial</b>	June 2	, 1979 L	akevie	ew Ceme	tery	23d. LOCATION CITY OR TOWN	C	Mar Mar	yland
DHMH - 16 50M 1/76 (VR A 15 (4))		24 F	INERAL DIRECTOR	e 4112 Co	lumb Pats Rd	. E11:	icott C	ity 250. DATE	UN 5 RE 1975	156. REGILL	try	Bready

STATE OF MARYLAND

18-1001-81 being these tenths eventure to a constitution and the state of the state Communication of the Communica The state of the s

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Hem 21 is morked or Item 18 shows any

must be notified at once.

### STATE OF MARYLAND

7.9.	1	n	R	1	3
DECINION .	-	U	U	T	9

	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGIE	REGINO -	-10843
	T DECEASED NAME ROLL	MIDDLE	FIS	SHBEIN	20. DATE OF DEATH MONTH	16 79 6:55PM
	3 SEX ALE  70 BIRTHPLACE STATE OR FOREIGN	HITE  //b CITIZEN OF WHAT COUNTRY	6	VEAR YEAR	AGE (IN YEARS LAST BIRTHOAY)	H UNDER 1 YEAR HUNDER X HRS. MONTHS DAYS HOURS MIN YRS
1	COUNTRY)  MARYLAND	USA	MARRIEI		BALTIMORE CITY OR CO	E COUNTY MD.
>	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY
-	DWINGS MILLS USUAL RESIDENCE (IF NURSING HOME O	ROSEWOOD STA		PITAL I	NONE	NONE
S	MARYLAND BALT			YES NO XX	ROSEWOOD CE	NTER #21117
3	14 FATHER'S NAME FIRST  JACK	MIDDLE LAST FISHBEIN	V	15 MOTHER'S MAIDEN NAME FIRST	UNKNOWN	LAST
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT HEBREW		CIAL SER. SOC.
	(YES, NO OR UNKNOWN) (IF YES, GIV	215-78-	-6091	1330 REISTERS		#21208
	Conditions, if ony, which gove rise to immediate couse lots stating the underlying couse lost  PART 2 OTHERSION HANT  19a DATE OF OFFERTON  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE	O DEATH BUT	ne etrol.	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220. I certify that (I) (this hosp saw the deceosed alive or oboyed 11 oce) (did) (did not 22b. SIGNATURE 22d PHYTICIAN SINAME (TYPE CO.)	ATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  10tol) ottended the deceased from 19.  DR PRINTI	19 79 , or AN	ATTENDING PHYSICIAN DE ADDRESS	CITY OR TOWN  To Hold Control of the date on MEDICAL STAFF DIRECTOR PHYSICIAN (	COUNTY STATE  19, that (I) (we) lost and hour and from the couses stated
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OR CREMATORY  DRE HEBREW	BALTIMORE	MARYLAND STATE

BP.

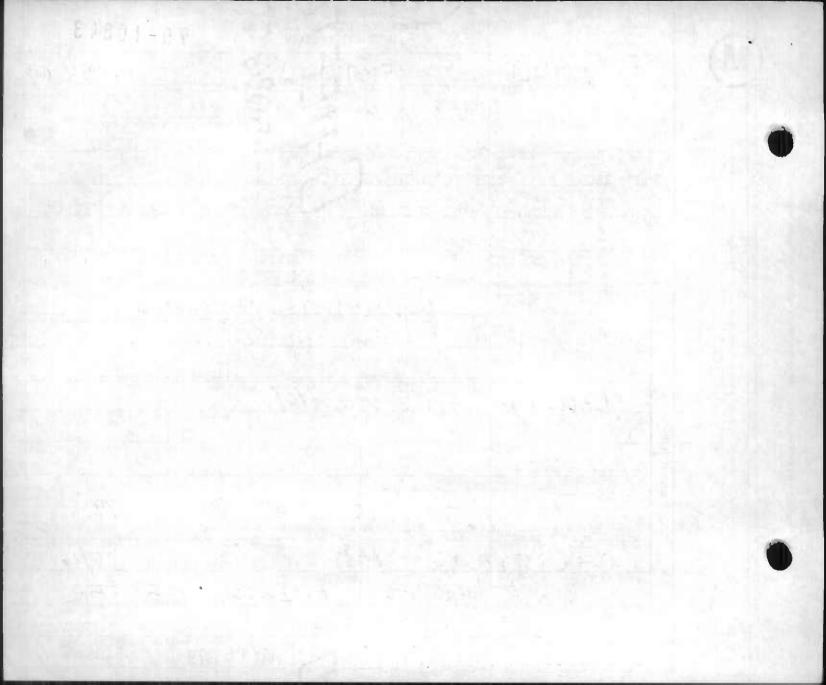
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTER STOWN RD., BALTO.,

MD 21215

MAY 1 8 1979



requires that the death certificate be executed within 24 hours ofter death.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dire should be detached for use as the burial-transit permit. Then please remove corbonopapers. Pages 1 and 2 should be filled within 72 haur with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical examiner most be notified at ance

# STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10844

	REGISTRAR				REG. N	0.				
	ECEASED NAME FIRST	WIDDLE	l	AST	2a. DATE OF DEATH	HINOM	DAY Y	YEAR	2b HOU	R
	THERES			PATRICK		5	16 7	79	10	PM
3 SE		1. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER	DAYS	IF UNDER	24 HRS MIN
	/FEMALE	WHITE	4-	18 1884	95	YRS			199	
70.8	HPLACE (STATE OR FOREIGN )	TE CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C					
V	RELAND	USA	WIDOWE		BALTI					MD.
10 0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU.		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			CIND OF JSTRY	BUSINE	SS OR
	CATONSVILLE	LITTLE SISTE		HE POOR	Salesperso	n				1019
	JAL RESIDENCE (IF NURSING HOME OR C STATE 136. COUN			1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
	D.C.	WASHI	NGTON	YES NO	220 H ST	REET,	WASH	IING	TON	
14. F	ATHER'S NAME FIRST M	MDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE			LAST		
	Јони	FITZPA	TRICK	ELLEN			RI	ICE	900	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRI	ESS				
	NO		6-0768	SR. LORETTO	601 MAID	EN CH	OICE	LAN	E, .	ALTO.
	18 CAUSE OF DEATH (Enter only	y one couse per line for (o), it	and Ici.i	, 7	- 4 7	111		TWEEN O	NATE INTER	DEATH
	PART I, DEATH WAS CAUSED	E CAUSE (o)	- 00	of garlio	en les anot	tvd	int			
	1599	DUE TO, OR ASJA CONS	EQUENCE OF /	. 0+	5 .0.					
	Conditions, if any, which									
	gave rise to immediate cause (a), stating the	DUE TO, OR AS-A CONS	EQUENCE OF	2000 X						
	underlying couse lost.	( c) deme	entea.	A.S. CU.D		1 313				
1,	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN P	ART 10	1	
CERTIFICATION	factor of the					T				
ICA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE			
I I				THE PROPERTY OF	YES NO		YES 🗌		NO [	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR P.	ART 2)		
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				1-75		100	
MEDICAL	21d. INJURY OCCURRED  WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUN	1TY	ST	TATE
1	AT WORK			Market Control		-	1.00			
	22a.1 certify that (I) (this haspite		7	1977	, to		1970		hot (I) (v	
13	obove, (I) (we) (did) (did not	) view the body ofter death.		nd that in (my) (our) opinion (	death accurred on the d	ore ond no				ofed
	226 SIGNATURE	0.0	-	DEGREE ATTENDING _	MEDICAL STA	FF	126.	DATES	17	20
	T Geel	cied tooke	ed of	PHYSICIAN 2	DIRECTOR   PHYSIC	IAN 🗌		9 7	7.7	1.
	22d. PHYSICIAN'S NAME (TYPE OR			1101 Mania	de Clarie	. /	2			
	STANGEY	ANKUD		1101 masa	au «con		<i>,</i>			
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		514	ATE
L	BURIAL	05-21-79	NEW CA	ATHEDRAL	BALTIMORE	_			YLAN	D
24 1	FUNERAL DIRECTOR	ADDRES	SS	21229 250. DAT	E REC'D. BY REGISTRAR	ZSb. REGIS	STRAR'S SI	IGNATU	JRE	
F	HUBBARD FUNERAL I	HOME, INC., 4	107 WILK	ENS AVE. WAY	1 0 19/9	tri	tres/	nal	zeroly	9

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 14001-04

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	V		- 1	0	-		

1	FOR STATE REGISTRAR		FHEALTH AND MENTAL H IFICATE OF DEATH	TYGIENE 79 -	10845			
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
(	TYPE OR PRINT) Harry	Gordon	FOLEY	May 31, 19	79 4:40pm			
3.		RACE 5 DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Male	White 2	-11-1909 YEAR	70 YE	MONTHS DAYS HOURS MIN.			
70	BIRTHPLACE (STATE OR FOREIGN 76	The second secon	RIED NEVER MARRIED					
1	Balto. Lity	// 4	WED DIVORCED	Baltimore Co	unty MD			
10		. NAME OF HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR			
	Rossville	(IF NOT INDUCTION FACILITY, GIVE STREET ADDRESS)		Retired	General Motors			
13	36 STATE 131 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131. GITY OR TOWN	YES A NO	4410 Parkmo	nt Ave21206			
14	John P. Foley	DLE LAST	15. MOTHER'S MAIDEN	ecy Ford MIDDLE	LAST			
16	WAS DECEASED EVER IN U.S. ARME			s E. Foley - 441	O Parkmot Ave.			
	PART I DEATH WAS CAUSED F	one couse per line for 101, (b), and 101, 194; BY: CAUSE (0) <u>Recent and O</u> DUE TO, OR AS A CONSEQUENCE OF		Infarction	BETWEEN QMSET AND DEATH			
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	F	EDMINAL DISEASE OF CONDITION	GIVEN IN PART 1/a			
		196 CONDITION FOR WHICH OPERA		20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
	190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	YES NO	RTIFYING CAUSES OF DEATH?			
	CALCOLUSION CALCOLUSION	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1		CURRED (ENTER NATURE OF INJURY IN ITEM	16, PART 1 OR PART 2)			
	DR CONTRIBUTING CAUSE OF DEATH  JIF EITHER, NOTIFY MEDICAL EXAMINER)  214. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	21! LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	22a. I certify tha KIX (this haspital sow the deceased alive on above, N (we) (did) (did) above)	ottended the deceosed from May 31 19 79		to May 31	hour and from the couses stated			
	222. SIGNATURE	Wilson, M.C	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	5/31/79			
	Larry Wilson, M			nklin Square Hos lin Square Dr. B				
2		236. DATE 236 NAME O	F CEMETERY OR CREMATO	RY 234. LOCATION	COUNTY STATE			
2	4 FUNERAL DIRECTOR	c-6415 Belair Rd	25a	DATE REC'D. BY REGISTRAL HIS REC	GIST RESTORY IN Bready			

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR:

should be detoched for use os the burial-tronsit permit. Then please remove carbon papei with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony

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the ottending physician and completely filled in by the funeral director remove carban papers. Pages 1 and 2 should be filed within 72 hours a

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic event, the i

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

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FOR

- STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-10846

	REGISTRAR		CEKTIF	ICAIL OF DEATH	REG. N	0	0 1 0	
	I DECEASED NAME FIRST	MIDE	DLE L	AŚT	20 DATE OF DEATH	MONTH D	Y YEAR	26 HOUR
	Donale	1 +	- FOI	FOPCI	May 26.	1979		M
	3 SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
	male	white	NOV.	7.1910 YEAR	68	YRS	ONTHS DAYS	HOURS MIN
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY? 8		9 BALTIMORE CITY		OF DEATH	
5	COUNTRY) Va.	USA	WIDOWE	D.K.NEVER MARRIED	Balto.	(o.		MD.
	10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
2	Woodlawn		chmont Dr.		Steel work		ste	el
5	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU	VTY [13	re residence before admission) c CITY OR TOWN oodlawn	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2617 Lanc	chmont.	Dr.	
7	14 FATHER'S NAME FRST Adam	MIDOLE	Julford	15 MOTHER'S MAIDEN NA	AME		LAS	iT.
	160 WAS DECEASED EVER IN U.S. AF	MED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDR			
	no no	2	33 09 5450	Edward J Jul	ford 9203 B	owline		
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line	famal, (b), and ici				BETWEEN	ONSET AND DEATH
		TE CAUSE (a)	Cardin	ae gure	24		200	Icl .
	2500	DUE TO, OR	S A CONSEQUENCE OF	0 1	12.		1 , ,	1
	Conditions, if any, which gave rise to immediate	(b)	Juleun c	levele	Many Ou	resident	1/2	vv C
	cause 101, stating the underlying cause lost	DUE TO, OR	S A CONSEQUENCE OF	Le Mell	h.		25	- yrs
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	NDITION GIVE	N IN PART 10	0.0
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		21c HOW INJURY OCCUR	1007			NO []
	OR CONTRIBUTION CAUSE OF DE		MONTH DAY YEAR					
	GENERAL NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED	21e PLACE OF		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK ONT WHILE O	(AT HOME, STREET,	FACTORI, OFFICE, FARM, ETC.)	16		4		STATE
	220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (werraid) (did no	8/2/	19/9 01	nd that in (my) (aux) opinion	death occurred on the d	date and hour		that (I) (we) last causes stated
	224 SIGNATURE	1		DEGREE	WESTERN ST.		22c. DATE	SISINED 6
	Comal	La Rue	chil h	VI DATTENDING PHYSICIAN	MEDICAL STA		1/	21/17
	226. PHYSICIAN'S NAME (TYPE C	PRINT)		SI28	Harfers	1/6	2/	
	23a BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	THE WARATION		OUNTY	MAIN
	burial	May 30	,1979 Lake V		Balto.,	Ad.		
	24 FUNERAL DIRECTOR	0 (1.	DORESS,		TE REC'D. BY REGISTRAR	25b. RESISTR	AR'S SIGNAT	URE
	J. J. Stansbury	1 n. 6411	Windson Mil	LRd. JU	N 6 1979	people	y/xc/	Marke

DHMH - 16 50M 1/76 (VR A 15 (4))

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	W	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS WESSEN PLEASE SECURING THE CERTIFICACE, WRITHING THE WORD "PENDING" IN PENCIL IN TIEM 18. GIVE PAGES 1. 2. AND 3 TO THEIR THE CORMANDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 1. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. THE STATE DEATH WITH THE STATE DEPRATIFICATION OF WIRD HYDERIC DIVISION OF WITH RECORDS, 301 VV. SHEW SHIPM PAGE 1. AND 2 SHOULD BE FILED.	3
	EXE EXE PAG 10	

01						MARYLAND						
91	FOR - STATE		AA			H AND MENTA			7.0	-10	2867	
1	REGISTR		741	MIDDLE	AMINAEK 3	CERTIFICAT	E OF DE		REG NO		J U 1 1	-
	TYPE OR PRINT	SAMIATE	rt	L	Fos	ster		20. DATE KI OF DEATH A	ESTI- NATED	MONTH .	14.79	26. HOU
3. 1	SEX	4 RACE	S DATE OF BIRT	1 - NEAR LA	GE (IN YEARS IF U		DER 24 HRS			MONTH	DAY YEAR	2d. HOU
70	M BIRTHPI AG	N E (STATE OR		MHAT COUNTRY?	2 YRS.			9. BALTIMO		5 1	4 19 79	/85
35	FOREIGN COL	d.	u.	S-A,	WIDO		ORCED		timore			M
5	barro	ws Point	DISP	EASA MY	Bothlehe	m Starl	St.	SUAL OCCUPA R MOST OF WORKIN GEL WOI	TION (TYPE OF	F WORK 12	or indust Steel	ISINESS RY
5 130	SUAL RESIDI STATE Mary]	and Bs	e or other institution. NTY 1timore	Baltim	OWN	13d. INSIDE CITY LIMIT		REET ADDRESS 58 BOY		Av.	21222	Electric
14	FATHER'S	1bert	MIDDLE	EST ER		15. MOTHER'S M		E MIDE	DLE	M	LAST	
1 16	(YES, NO, OR		RMED FORCES?	216 2	SECURITY NO.	17. INFORMANT Er nest		OSTER	ADDRESS 45	58	Bewl	and
	18 CA	USE OF DEATH (Enter of	anly ane cause per li	ne far (a), (b), and	(c).) •			1.1	1		APPROXIMATI	E INTERVAL T AND DEAT
	11		ATE CAUSE (a).	Chroni	euch	emic m	Hocar	and	Chreo	سع		
	7	nditions, if any, which	DUE TO, C	DR AS A CONSEQ	UENCE OF							
	ga	ve rise to immedia use (a) stating the unde	te (b)	Ventre	cular	anew	you	n				
		ig cause last.		DR AS A CONSEQU	UENCE OF		0	4				
		THER SIGNIFICANT CONDITION	(c)	IN BUT NOT RELATED TO	THE TERMINAL OISE	SE OR CONDITION GIVEN	IN PART I al.					
2	19a. DA	TE OF OPERATION	19b. CONI	DITION FOR WHIC	CH OPERATION V	WAS PERFORMED?					20. AUTOPSY	?
2											YES	NOX
		ERNAL CAUSE WAS LYING OR IBUTING CAUSE OF	HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR 21c. 1	HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2	)	
1	CONTR 21d. INJ WHILE AT WO	RK NOT WHILE		E OF INJURY (AT ACTORY, FARM, ETC.)	номе, 211. С	STREET		CITY OR TOWN		COUNT	Υ	STATE
	220.	I certify that I taak cha	rge af the remains o	escribed abave, h	eld an Auto	psy , Inspe	ection X	Inquiry	and i	n my apini	an	
	death	resulted fram: Not	ural causes	Accident	, Suicide	, Hamicide	Unde	etermined man	ner,		1	1
1	ACTUA SIGNA		rottem	o don	oran	M.D. Defu	IM.	DICAL EXAMIN	JER	DATE SIGNED.	5/14	179
2	EXAMIN (TYPE O	HER'S NAME J.C.	ROSSAN	O' DONG	NAVE	ADDRESS 21	12 0	indalk	Arc.	Bal	b., md	212
230	BURIAL, CI	REMATION, REMOVAL			OF CEMETERY		23d. L	OCATION Y OR TOWN		COUNTY	51	ATE
24	FUNERAL	URIAI	5/19/79	1 1	-Ir butu		ATE DECID D	134 Ho	75h REGISTI	9 A 9"E 96"	MATURE .	( .
	NAME		ADDRE	1000	1.	NAAN		979	Lista		Bresdy	
7	HMK;	> A. MART	00 1 20 W	5 1701	LAUR	ENS. ITIM	( )	JIJ	4		/	

T1001-01 Commence of the second The second secon week Mr. Half and the fact that we controlled the state of and the state of t NYO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

retained by the hospital ar attending physician.

DHMH - 16 60M 7/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral deshold be detached for use as the burial-transit permit. Then please remove carbon-popers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1.	- STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	. 7!	9-10	848	
	CEASED NAME FIRS	т	MIDDLE	Į.	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR	
(1100	REU	BEN (	NMN)	F	OSTER ·		05 04	4 79	3:10P	
3. SE		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY]	FUNDER ! YEAR	IF UNDER 24 HRS	
	Male	Wh	ite	Dec	. 1. 1897	81	YRS.	ONTHS DAYS	HOURS MIN	
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		
	Maryland	U.S	.A.	WIDOWE		TOWSON	Baltim	ore Co	unty	
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS O	
B	Towson ALTIMORE	6701	N. CHAR		STREET	Lawver	JF WORKING LIFE)	_	aw	
USU	AL RESIDENCE (IF NURSING HE	ME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)					CT W	
200	aryland	OUNTY	Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 213 Edgev	ala Ro	ho		
	ATHER'S NAME		202 021110		15 MOTHER'S MAIDEN NA		are no	au		
4	FIRST E	Edmunds	Foster		KX Cel	este		Sal 4	sbury	
16a. V	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b SOCIAL SECU		17. INFORMANT Wid		ESS	Sali	Soury	
T		S, GIVE WAR OR DATES)	214-14-4	2114	Eleanor W. F		Fdans	1 a D = =		
-	18. CAUSE OF DEATH (Ent				Eleanor w. F	05ter, 213	Lugeva		MATE INTERVAL ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (D)  CARDIORESPIRATORY ARREST										
	4292 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which ( b). A.S.C.V.D.									
gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1/r		
NO					THE TERM	WAL DISEASE ON COIL	DINON ONE	IN HAT AKT TO		
CERTIFICATION	19a. DATE OF OPERATION	ITION FOR WHICH					IF YES, WERE FINDINGS USED			
Ę						YES NOT	IN CERTIFY	ING CAUSES	OF DEATH?	
1	21a. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCURR				1.0	
	OR CONTRIBUTING CAUSE O	DEATH!	.M. MONTH DA							
MEDICAL	21d INJURY OCCURRED		.M. OF INJURY	19	211. LOCATION					
¥	WHILE NOT WHILE C	[AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOV	٧N	COUNTY	STATE	
		anspital) attended th	ne deceased from	0/	/25 10 79	05/0	4	79	ab a di t - VI	
	22a.I certify that (I) (this I			70	d that in (my) (our) opinion o	, 10	, 15		that (I) (we) la	
	obove, (I) (we) (did) (d	id not) view the body	ofter death.		DEGREE		716 0110 11001 C	22c DATE		
	manilia	les To	1 12-0 - 1	m	ATTENDING	MEDICAL STAI	FF V			
	22d PHYSICIAN'S NAME (	10. 1000	mus	111	PHYSICIAN [	DIRECTOR PHYSIC	IAN	1 05	/04/79	
			DEMAN			AL TIMODE	urn10	al of	NITED	
	DR. MARIL				GREATER B		MEDIC/	AL CEI	NIEK	
(	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE	
	Burial	5/5/	79 Dr	uid R	idge Cem.	Pikesvil	le, Ba	lto. C	o., Md	
	UNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNATI	URE	
ST	EWART & MOWER	d Co., 109	W. North	1 Ave	. 21201 MA	Y 8 1979	Tink	True Mal	heady	

STATE OF MARYLAND

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vels Road	Office, 213 R	L. A women II.	214-04-1-211	INM	K98
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL CATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dear 1000 4 may retained by the hospital ar attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burnal, cremotian, or removal.

# STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. N	79-10	849
	ECEASED NAME FIRST PE OF PRINT)	ert Allie	FOUT <b>S</b>	AST :		MONTH OAY	26 HOUR 2:351
3. SE	M	4 RACE  76 CITIZEN OF WHAT COUNTE	S. DATE O	OAY YEAR	6. AGE IN YEARS LAST BIR  70  9. BALTIMORE CITY O	YRS.	DAYS HOURS MIN
9 0	GEORGIA	USA.	WIDOWE		Baltin	nore Cou	nty ,
7	BALTO	11. NAME OF HOSPITAL, NUR (IE NOT IN SUCH FACILITY, GIVE STI FRANKLIA	V SQ	HOSP.	128. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		SIND OF BUSINESS CO ISTRY PT. GYPSU
130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			YES NO NO	130 STREET ADDRESS	HEWLTT	WAY
9	LEON	FOUTS LAST	37	POLLY	MIDDLE	TUCICE	RIAST
	WAS DECEASED EVER IN U.S. AR/ [YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR OATES)	ECURITY NO 3-1575 A	THELMA	E. FOUT	s An	BOVE.
NO	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C  High bloom		TO DEATH BUT		NAL DISEASE OR CON	DITION GIVEN IN P	ART 1(o)
1 2		196 CONDITION FOR WH		N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE	
TIFICATH	19a DATE OF OPERATION				YES NOTE	YES [	NO [
CAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA	]   216. TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCURRE		YES 🗌	NO 🗆
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AGUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	19	211 LOCATION STREET		YES THE TEM 18, PART I OR P	NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 ICE, FARM, ETC.)  m 79 M	211 LOCATION STREET  av 6 , 19 79  ad that in (n) (our) opinion d	CITY OR TOV	YES	NO ART 2)  STATE  79, that & (we) la
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK 22a I certify that (this haspit saw the deceased alive on, obove. In (we) (did) (did not 22b. SIGNATURE  22d PHYSICIAN'S NAME ITYPE OR	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  tol) ottended the deceosed fro May T) view the body ofter deoth.	19 ICE, FARM, ETC.)  m 79 M	211 LOCATION STREET  221 LOCATION STREET  327 6 , 19 79  and that in (n) (our) opinion d DEGREE  ATTENDING PHYSICIAN  228 ADDRESS	CITY OR TOV	YES	NO DATE SIGNED 5/14/79

DHMH-16 20M (VRA 15, 4) 7/7B

The Mark Street Company of the Compa

ond completely filled in by the funeral director ages 1 and 2 should be filed within 72 hours of

corbonpopers. Pages

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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79	-	U	0	J	U

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	9-10030		
T. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				AŠŤ		DAY YEAR 26 HOUR		
MIRIAM				Fox	5-1	17-79 5 35 AM		
				OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
FEMALE WHITE			MAR		87 YRS.	MONTHS DATS HOURS MIN		
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY			8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
MARYLAND USA			WIDOWE	1/3/	BALTIMORE COUNTY MD.			
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU			NG HOME C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR		
	OWSON	DULANEY - TOWSON	NURSI	NG HOME	HOUSEWIFE	AT HOME		
13a ST		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 34 CITY OR TOW BALTIMO	RE ADMISSION)	136 INSIDE CITY LIMITS?	6118 PARK HTS.	AVE. #21215		
14 FA1	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	TATTERAPHATAT		
	YOSHIAH	PLAINE		MINNIE		UNKNOWN		
	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT MRS	. SONIA SCHNAPER	AND FIRST WAY		
	NO		TARE		IDGE DR. #21208			
	PART I. DEATH WAS CAU	only one cause per line far (b), (b), or SED BY: ATE CAUSE (0)	ndic ikl	a Carotac a	wraytheme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  / VULL		
	DUE TO, OR AS A CONSEQUENCE OF CONTRACT OF CLUSION 5 MILE							
	Canditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	11118	1			
	underlying couse lost	(c)	LINCE OF	ASAD		LO rive		
_	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 101 DEST		
é	ari	muschers	200	, extrict	al o cereb	ral - Steake		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	DN'WAS PÉRFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES		
W W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)		
EDICAL	OR CONTRIBUTING CAUSE OF (	DEATH	19					
É	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21t. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
2	AT WORK AT WORK							
		spital) ottended the deceased from.	7 0	dry 1 19 19	5. ho 11. 19 17	19. 7 9, that (1) (we) last		
	sow the deceased alive above, (1) (wg) (did) (did	nati view the body after death.	,		death occurred an the date and has			
	226. SIGNATURE	. 121	m	DEGREE ATTENDING _	MEDICAL STAFF	224. DATE SIGNED		
	TAN	toll ahen	VII	PHYSICIAN [	DIRECTOR PHYSICIAN			
	22d. PHYSICIAN'S NAME (TYPI	EORPRINT)		22e. ADDRESS	ste Heights	ATE SUS		
220 01	URIAL CREMATION REMOVE	AL 23h DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	21215		

retained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 7/77 (VR A 15 (4))

(SPECIFY)

Baltimore

Maryland

BURIAL MAY 17 1970 baltimore hebrew date rectd by registrar in registr

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nding physicion and completely filled in by the funeral discarbonpapers. Pages 1 and 2 should be filed within 72 has

injury, or other traumatic event, the

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG N	79-1	0851
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20 DATE OF DEATH		26 HOUR A
IDA		FREEDMA	N	MAY 10,	1979	3:40 M
3 SEX FEMALE	4 RACE WHITE S. DATE OF BIRTH MONTH DAY YEAR UNKNOWN			6 AGE (IN YEARS LAST BIRT	AR IF UNDER 24 HRS YS HOURS MIN.	
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  RUSSIA	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIEI	D NEVER MARRIED O	_	DRE COUNTY	MD.
10 CITY OR TOWN OF DEATH  PIKESVILLE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY GIVE ST MILFORD MA	RSING HOME OF	SING HOME	120 USUAL OCCUPATION OF WARREN		ETAIL
USUAL RESIDENCE (IF NURSING HOME) 130 STATE 136 CC MARYLAND		OWN	13d INSIDE CITY LIMITS? YES XX NO		THEIGHTS RD	. #21215
14 FATHER'S NAME FIRST MORTON	BURSTE	IN	15 MOTHER'S MAIDEN NA FIRST MI LDRE1	MIDDLE	UNKNO	DWN
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	32-5649	9101 SHORE 1	VING BURSTET RD. BROOKLY	IN VN, NY 1120:	7
Conditions, if any, which gove rise to immediate couse ioi, stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF			DITION GIVEN IN PART	years 100
TIG. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATIOI	N WAS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU-	RY IN ITEM 18, PART 1 OR PART 2	2}
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
sow the deceased alive	on 1 rots view the body offer death	9791, on	ad that in (my) (con) apinion	death accurred on he di		the couses stated
14.	anuel Les	in i	AD ATTENDING PHYSICIAN	MEDICAL STAI	FF _ {	110/79
224 PHYSICIAN'S NAME (TYPE MANUEL LE	VIN. M.D.		6101 PARK			
230. BURIAL, CREMATION, REMOV BURIAL	MAY 11,1979	HEBREW	EMETERY OR CREMATORY  ORTHODOX MEN			MARYLAND
6010 REISTERSTO	& BROS., INCADDRESS		RA A	Y 1 4 1979	25b. REGISTRAR'S SIGN	Creody

DHMH - 16 50M 1/76 (VR A 15 (4))

6010 REISTERSTOWN RD. BALTO

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physicia

should be detached for use as the burial-transit permit. Then please remove carbonapage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal IMPORTANI: If them 21 is marked or Item 18 shows any injury, or other traumatic event, it

mpletely filled in by the funeral director,/page 3 and 2 should be filed within 72 hours after death

completely

corbon popers. Pages 1

24

executed

pe

must be notified of phice

medical examiner

morked or Hem 18 shows ony

MPORTANT: If hem 21 is

should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

TO FUNERAL DIRECTOR:

ENDING

	21
FOR	DEPARTMENT O
STATE	

# STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	79-10852
(1	DECEASED NAME PRIST MIDDLE TYPE OF PRINTIP  SEX A RACE	FRICK S. DATE OF BIRTH	20 DATE OF DEATH A	AONTH DAY YEAR 16 HOUR 15 22 79 10 7 M M
L	Female White	MONTH DAY YEAR D2	74	MONTHS DAYS HOURS MIN
	BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHA	MARRIED   NEVER MARRIED   MIDOWED	Baltimore city of	COUNTY OF DEATH
10		PITAL NURSING HOME OR OTHER INSTITUTION PAINT, GIVE THE TADDRESS!	12a. USUAL OCCUPATION OF WORK FOR MOST OF	DN 128. KIND OF BUSINESS OR INDUSTRY
	SUAL RESIDENCE (# MURSING HOME OR OTHER INSTITUTION, GIVE 19. STATE 136.	RESIDENCE BEFORE ADMISSION)  PLY OR JOWN  134. INSIDE CITY LIMITS?  YES X NO	13. STREET ADDRESS	1 W. Monu mont ST
0	FATHER'S NAME FIRST  JOHN  T. F	RICK SR. Julia	ME MIDDLE	STEFANO
2 160	WAS DECEASED EVER IN U.S. ARMED FORCES?  [YES, NO OR UNKNOWN)  [WYES, GIVE WAR OR DATES]	SOCIAL SECURITY NO. 17 INFORMANT'	LISHOSPICE	2500 Dulancy Valley
	18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	cute M.J.		MINULES  MINULES
	Conditions, if any, which gove rise to immediate	A CONSEQUENCE OF		
3		RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	NTION GIVEN IN PART 1101
SEPTIFICATION	190 DATE OF OPERATION 196 CONDITION	N FOR WHICH OPERATION WAS PERFORMED	20e AUTOPSÝ?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \) NO \( \text{NO} \)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	JURY 216. HOW INJURY OCCURE MONTH DAY YEAR 19	RED (ENTER NATURE OF INJURY	FINITEM 18, PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN

220 1 certify that (1) (this hospital) attended the deceased from sow the deceased after on above, (I) (we) (did) (did not) view the body after death.

21d. INJURY OCCURRED

NOT WHILE

Burial

and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

22h. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

231. NAME OF CEMETERY OR CHEMATORY Hold emeteru ross

Batimore,

DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR Mc ully Funeral Home, 130 E. Fort Ave. Balto. Ad

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL DE ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after align. Plage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in but the certificate director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbonappers. Pages 1 and 2 should be fine with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.	IMPORTANT If hem 21 is marked or Item 18 shows ony injury, or other troumant event, the medical examiner must be sentimed force
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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	1	0	8	5	3
	~			-	-	_	

~	1 -	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH			REG. NO. 79-10833			
		CEASED NAME OR PRINT)	FIRST		IZABETH	_	RUM	May 16,		OAY YEAR	2) HOUR
3	SEX			RACE		5 DATE C		AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HE
-1	Female		Mile I	Cauc		Sept	18, 1905 TEAR	73	YRS	MONTHS DAYS	HOURS MIN
2/5/1	We s	RTHPLACE (STATE OR FO	oreign 78	CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	Baltimore City o	R COUNT		
	0 CI1	atonsville	ATH 11	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME C	eatonsville	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O HOUSEWIFE	ION OF WORKING L	12h KIND C	OF BUSINESS
Some S	13a S	L RESIDENCE IF NURS TATE Aryland	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimor	N	134. INSIDE CITY LIMITS?	134. STREET ADDRESS 506 Kings	ton R	load	
exomine	4 FA	Homer	MID	POLE	Selbey		15. MOTHER'S MAIDEN NA FIRST	MIDDLE			ton
medico	160 WAS DECEASED EVER IN U.S. AF			D FORCES?	166 SOCIAL SECU			rafton, Wes			
event, the me		no		235-36-0097A   Bartlett Fun			neral Home, 202 McGraw Ave.				
	- 1	0 1			R AS A CONSEQUE	NCE OF					
jury, or other troumatic	Z	Conditions, if any, gove rise to immacouse 101, stotic underlying cause  PART 2 OTHER SIGN	mediate ng the lost	DUE TO, O	Polycytle ras a conseque on tributing to d	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GI		years
<u> </u>	IIFICATION	gove rise to immore couse (a), stating underlying couse	mediate ng the lost	DUE TO, OI	R AS A CONSEQUE	DEATH BUT		200 AUTOPSY?	206. IF YE		o I
18 shows ony injury,	CERTIFIC	gove rise to immediate to immediate to immediate to go the state of th	mediate ng the lost  NIFICANT CO  TION  DERLYING   CAUSE OF DEATH	DUE TO, OI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY  M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE IN CERTI	VEN IN PART 10	NGS USED S OF DEATH?
18 shows ony injury,	CAL	gove rise to immodule to immod	mediate ng the lost NIFICANT CO TION  DERLYING CAUSE OF DEATH ALL EXAMINER)  RED	DUE TO, OI  (c)  NDITIONS CC  196 COND  216. TIME O HOUR A.  P.  21e PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY  M. MONTH DA  M.	OPERATION  OPERATION  AY YEAR  19  ARM, ETC.]	NOT RELATED TO THE TERM N WAS PERFORMED  211. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERTI Y	VEN IN PART 10	NGS USED S OF DEATH?
18 shows ony injury,	MEDICAL	gove rise to immodule to immod	mediate ng the e lost  NIFICANT CO  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  HILE CHIS hospital  (this hospital	DUE TO, OI  (c)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY M. MONTH DA  M.  OF INJURY  JEET, FACTORY, OFFICE, F.  e deceosed from  1 19	OPERATION  AY YEAR  19  ARM, ETC.  AD T.1	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211 LOCATION STREET  19 66  and that in (my) (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITED OF TO)  CITY OR TO	20b. IF YE IN CERTI Y. RY IN ITEM IS,	VEN IN PART 11  S, WERE FINDS  FYING C AUSES  ES   COUNTY  19  19  ur ond from the	NGS USED S OF DEATH? NO STATE
Hem 21 is morked or Hem 18 shows ony injury,	MEDICAL	gove rise to immodule to immod	TION  DERLYING CAUSE OF DEATH ALEXAMINER)  RED  HILE CHIS HOSPITOL  (this hospitol ed olive on did) (did not) was a constant.	DUE TO, OI  (c)  (c)  (d)  (e)  (e)  (e)  (f)  (f)  (in)  (i	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY M. MONTH DA  M.  OF INJURY  JEET, FACTORY, OFFICE, F.  e deceosed from  1 19	OPERATION  AY YEAR  19  ARM, ETC.  AD T.1	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  19 66  nd that in (my) (our) apinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO:  CITY OR TO:  death occurred an the death occurred and the	20b. IF YE IN CERTIN Y.  RY IN ITEM 18.  WAN  ate and har	VEN IN PART 10  S, WERE FINDS  FYING CAUSE: ES  PART 1 OR PART 2)  COUNTY  19 / 9  ur ond from the  22c DATE  May	OT STATE  that (1) (we) I causes stoted  SIGNED
Hem 21 is morked or Hem 18 shows ony injury,	MEDICAL	gove rise to immodelly ing couse 10), storing underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d INJURY OCCUR!  WHILE NOTHY MOTOR AT WORK AT WORK  22a & certify that (I)  Saw the decease above, (I) (we) (c)  22b. SIGNATURE	TION  DERLYING CAUSE OF DEATH ALEXAMINER)  RED  HILE CHIS HOSPITOL  (this hospitol ed olive on did) (did not) was a constant.	DUE TO, OI  (c)  (c)  (d)  (d)  (e)  19h CONDI  21h TIME O  HOUR A.  P.  21e PLACE (AT HOME, STE  oftended th  Apri view the body	TION FOR WHICH  FINJURY M. MONTH DA MOST INSURY OF INJURY OF INJUR	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.1  ADT1  79  , or	NOT RELATED TO THE TERM N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  19 19 66 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 6  22e ADDRESS 11065 Lit	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  TO MAY  death occurred an the d  DIRECTOR PHYSIC  COLU	TOB IF YE IN CERTIN Y TEM IB.  WN  6  ate and ha	VEN IN PART 10  S, WERE FIND! FYING CAUSE: ES  PART 1 ORPART 2)  COUNTY  19	NGS USED S OF DEATH? NO STATE
IMPORTANT If Nem 21 is morked or flem 18 shows ony injury.	WEDICAL	gove rise to imit couse 101, stoling underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC  21d INJURY OCCUR! AT WORK NOTIFY MEDIC  22a I certify that (I) saw the decease obove, (I) (we) (2  22b. SIGNAJORE  22d. PHYSICIAN'S NA  Dr. Ir  URIAL, CREMATION, PECEFY)  BUTIAL	TION  DERLYING CAUSE OF DEATH (AL EXAMINER)  RED  (this hospitol ed olive on did) (did not)  AME (TYPE OR PE  WIN MOS  REMOVAL	DUE TO, OI  (c)  NDITIONS CO  196 COND  216 TIME O HOUR A.  21e PLACE (AT HOME, STE  (AT HOME, STE  TIME DO  RINT)  88  236. DATE  5/21,	TION FOR WHICH  ITION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  REET, FACTORY, OFFICE, F.  after death.  19  23 CN  S	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.  IAMAE OF C	NOT RELATED TO THE TERM N WAS PERFORMED  211: HOW INJURY OCCUR  211: LOCATION STREET  19 66  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJU  CITY OR TO:  to May  death occurred an the d  DIRECTOR PHYSIC  Tolu  The Patuxen  134 LOCATION CITY OR TOWN  Grafton	20b IF YE IN CERTIN Y IN ITEM IS.  MYN TEM IS.  Tay IN ITEM IS.  Tay  Tay	VEN IN PART 10  S, WERE FINDI FYING CAUSES ES  PART 1 OR PART 2)  COUNTY  19	NGS USED S OF DEATH? NO STATE that (I) (we) I causes stoted SIGNED 17.19

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death certificate

the attending physician and completely filled in by the funeral diremove carbonpapers. Pages 1 and 2 shauld be filed within 72 ha

injury, ar other traumatic event, the medical examiner

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

79-10854

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1	REGISTRAR			CENTI	TEATE OF PEATIN	RE	G. NO.		
1	DECEASED NAME FIRST	٨	AIDDLE		LAST	2R DATE OF DEA	TH MONTH	DAY YEAR	21/21/01/30
1	WW C	F	ROBERT	F	FUSTING	YAM	23,19	79	MXXX M
3.	Male Male	4 RACE Whi	te	S DATE (	H DAY YEAR	AGE JIN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7n	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF V	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE C	YRS I ITY OR COUNTY IORE CO		MD
	TOWSON	ST.	FACILITY, GIVE STREET A	G HOME ( ADDRESS)  10SP]	OR OTHER INSTITUTION	12a USUAL OCC	JPATION AOST OF WORKING LIF	12h. KIND ( INDUSTRY	OF BUSINESS OR
13	SUAL RESIDENCE (IF NURSING HOME OR a. STATE M. d. 136 COUN Ba.	ITY	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Stonele	N	134 INSIDE CITY LIMITS?		Regester	Ave	
	F. Erwin		usting		15. MOTHER'S MAIDEN NAME FIRST Marie	MID		mond	ST
164	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)   I IF YES, GIVE WW11 Yes WW1	WAR OR DATES)	213 20 4		17 INFORMANT Margaret G. I		Same	PAIN.	COMATE INTERVAL
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b)	R AS A CONSEQUE MYOCARI R AS A CONSEQUE	LAI	INFARCTION			) =1 / 1	
CEBTIECATION	PART 2 OTHER SIGNIFICANT O				NOT RELATED TO THE TERM	200 AUTOPSY	20b. IF YES	S, WERE FINDI	NGS USED
MEDICAL CED		HOUR A.I	M. MONTH DA	19	211 LOCATION STREET	•	OF INJURY IN ITEM 18, P	COUNTY	STATE
	220 I certify that X (this haspi sow the deceased alive an above X (Xwe) (did) (dX X6 22b. SIGNATURE	MAY 2'	deceased from 13 3 ofter death.	79。	nd that in XX (our) opinion  DEGREE  ATTENDING PHYSICIAN	deoth occurred on  MEDICAL DIRECTOR P	the date and hou		than H (we) lost couses stated E SIGNED
	224. PHYSICIAN'S NAME (TYPE OF BEATRIZ		ON MD		7620 YORI				
23	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 5/26/			EMETERY OR CREMATORY thedral Cemt.	234 LOCATION CITY OR TOW	N	COUNTY	STATE Md.

DHMH-16 20M (VRA 15, 4) 7/7B 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd.

should be detached for use as the buriol-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

TO FUNERAL DIRECTOR. After this certificate has bee

IMPORTANT: If them 21 is marked or them 18 shows any

CARTERINE TO THE PROPERTY OF THE PARTY OF TH

1222

The state of the s

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at 21-billion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

of once.

medicol exor

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR	DEPARTA		ATE OF DEATH	REG. NO	79-	10855
	CEASED NAME FIRST TO A TO	GA COLI	S. DATE OF I	BIRTH YEAR	20. DATE OF DEATH A	587	YEAR 26 HOUR 9 3 5 M
- J	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN	WIDOWED [	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	MD.  KIND OF BUSINESS OR
RA	11) DACESTOWN AL RESIDENCE (IF NURSING HOME OF	GIF NOT IN SUCH FACILITY, GIVE STREET  BALTO COLLY FY  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)  GENERI  ADMISSION)	me Hosp.	(TYPE OF WORK FOR MOST OF Seams tress		USTRY
	ATHER'S NAME FIRST	NTY 13c. CITY OR TOW Reisters	stown	Id. INSIDE CITY LIMITS? YES NO MOTHER'S MAIDEN NAM	13e, STREET ADDRESS	herryH	LAST RDW
	ACCORDING TO A STREET OF STREET	(E WAR OR DATES)			a (UNK Vincent Gag 11 Dr. West		21136 stown, Md.
	PART I. DEATH WAS CAUSE	Part of the second of the seco	ira tor	og Cherry Hi	ic arre		APPROXIMATE INTERVAL TIMEEN ONSET AND DEATH  A D Y L
CERTIFICATION	PART 2 OTHER SIGNIFICANT	conditions contributing to a  196. CONDITION FOR WHICH	) 5	troke.	200 AUTOPSY?  YES NO	20b. IF YES, WERE	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHEY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE		AY YEAR 19	H. LOCATION STREET	ED (ENTER NATURE OF INJURY		
	220 I certify that (I) this hosp sow the deceased drive or	oil view the body offer deoth.	DE	that in (my) four) point on d	to STAFI	220	om the couses stoted  DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE	Peksa		22e ADDRESS Bal	Ito Cty	Gen	DHOP.
24 F	BURIAL, CREMATION, REMOVAL SPECIFICATION OF THE SPE	5/12/79 Byers Funeral D	Hbly Se	RETERY OR CREMATORY  Pulchre Cem.  P. A. 250. DATE	23d. LOCATION CITY OF TOWN MONTGO REC'D. BY REGISTRAR		Pa. IGNATURE
87	28 Liberty Roa	d Randallstown,	Md. 23	1133 MA	1 1 1979	frogray.	netreody

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The lo

TO HOSPITAL

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then places remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the store copy, or recent one well on the store prior to borior, cremotion, or removed the MPORTANT; If them 21 is marked or Item 8 shows ony injury, or other troumotic event, the medical examin

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

6	563	966
	6	6 563

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-10856	7	9			U	8	5	t
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frifry helpedy

REGISTRAR		CENTIFICATE OF DEATH	REG. NO.	, , , , , ,
DECEASED NAME FIRST YPE OF PRINT!	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ALLE	N DE FOREST	GAINES	MAY 6, 1979	1:45 B
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	BLACK	OCTOBER Î, 1914	64 YRS.	MONTHS DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
ARYLAND	U.S.A.	WIDOWED DIVORCED	DAT DITMODE CON	NTY
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OF
ORT HOWARD	V.A. MEDICAL CE	ENTER	(THE ST. TORKYON THOSE ST. TORKING ES	L) INDUSTRY
SUAL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13¢ CITY OR TOWN BALTIMOF	N 1134. INSIDE CITY LIMITS	13e STREET ADDRESS 1217 MOSHER STR	RET
FATHER S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	1 407
SAMUEL	T GAINE	es, sr. sarah	FORRESTER	( FOSTER )
WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)		ADDRESS	
(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 212 18 3	3398 CLINICAL R	ECORDS, VAMC, FORT	HOWARD, MD
	inly one couse per line for (o), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIORES	PIRATORY ARREST		1 HOUR
4129	DUE TO, OR AS A CONSEQUE	ENCE OF		
Conditions, if ony, which	( (b) HYPERTENS	IVE CARDIOVASCUL	AR DISEASE	5 YEARS
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
underlying couse lost	(c) ESSENTIAL	HYPERTENSION		6 YEARS
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART 10
CHRONIC RENAL	FAILURE WITH AN			Tue Land
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
CHRONIC RENAL	216 TIME OF INJURY	Tale HOW INTURY OCC	VES NOM YE	S NO
OR CONTRIBUTING CAUSE OF DE	- 110110 111 11011211 -		ORKED (ENTER NATURE OF INJURY IN SIEM 18, F	ART T OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		APRIL 11 10 7	9 to MAY 6	70 Y
	outol) oftended the deceased from	9 , and that in May) (our) opini	on death occurred on the date and hou	19 $\frac{79}{100}$ , that $X$ (we) large ond from the couses stated
22b. SIGNATURE	At view the body offer deoffi.	1 DEGRPE		22c. DATE SIGNED
AUMA	( au	ATTENDING		5/7/79
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	7	
AURORA C. TAN	J. M.D.	VAMC. FOI	RT HOWARD. MD 210	52
BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	23d LOCATION	
(SPECIFY) BURIAL		. Auburn Cemetery	CITY OR TOWN	county State
FUNERAL DIRECTOR	3/12/13/3 FIC		DATE REC'D. BY REGISTRAR 25b. REGIST	
	77-27-27-27			

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or ottending physician.

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79-10056					
1979		Tealing Hi	DELTA		
	a fier a fee		ALIE STATE		
TTWOO LALE			.6.0	MALTIN	
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DAITAS BATISO.	Alst X	SECRETALIS		toro arbitus	
	HALLE .	e ,earlo			
VALCE TORG LOWER, ID	Chinacon Laborator	Beer 81 of	ID.		
	water the	a koje spora			
Autor of the Maria					
	er er ir	1,291,1 2,9—1,000	YAR		
smry L. x				oiA F	

FOR STATE REGISTRAR DECEASED NAME

Female

70. BIRTHPLACE

Ruth

White

230. BURIAL CREMATION REMOVAL 236. DATE (SPECIFY) BURIAL 5/8/79

Duda-Ruck Funeral Home of Dundalk Inc

24. FUNERAL DIRECTOR

Maryland
O. CITY OR TOWN OF DEATH
Dundalk

USUAL RESIDENCE (IF IN NURSING HOME OR OT

	STATE OF PERSONS AND STATE OF		NENTAL HY		7.0	10857
	ntherine	Gallag	her		20. DATE KNOWN MONTH OF ESTI- DEATH MATED S	5 19 79 A M
DATE OF BIRTH	6. AGE (IN YEARS LAS ARTHDAY) 1912 66 YRS.	IF UNDER 1 YR.	IF UNDER 24	HRS.	2c. DATE MONTH PRONOUNCED DEAD	DAY YEAR 2d. HOUR
U.S.A	A. w	MARRIED TO NE	EVER MARRIED DIVORCED	-	Baltimore CITY OR COUNTY	ounty  MD.
NAME OF HOSP	PITAL, NURSING HOME, OF	ive. 2	1224 12		UAL OCCUPATION (TYPE OF WORK I	26. KIND OF BUSINESS OR INDUSTRY Shoe
	134. CITY OR TOWN Dundalk	13d. INSIDE (	CITY LIMITS? 13	• भुष	167 Eastbrook	Ave. 21224
DDLE	Kane	15. MOTH	FIRST MAIDEN	NAME	E MIDDLE	"Hagner
FORCES?	166. SOCIAL SECURITY NO	O. 17 INFOR	MANT		ADDRESS	
OR DATES)	214-01-32	287 Mr.	John	F.	. Gallagher Sr	Same
AUSE (a)	pr (a), (b), and (c).)	My o	card	1	Infaction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23d LOCATION CRYOR TOWN Parkville

1979

Balto.

Maryland

1	13a, ST		Balti	1	13c. CITY OR TOWN  Dundalk		13d. INSIDE CITY LIMITS? YES NO 🖾	13. TREE	7 Eastbro	ook	Ave.	212
,	14 FA	THER'S NAME William	WIDDLE		Kane		15. MOTHER'S MAIDER	NAME	WIDDIE			agne
		/AS DECEASED EVER	IN U.S. ARMED FO (IF YES, GIVE WAR OR D		214-01-3		Mr. Johr	F.	ADDRESS Gallaghe	r Sr		Same
		Cause of DEAT PART I DEATH W  Candifians, if a gave rise ta cause (a) stating	AS CAUSED BY:  IMMEDIATE CAUS  ny, which immediate	SE (a)	or (a), (b), and (c),  S A CONSEQUENCE OF  S A CONSEQUENCE OF	1	y · card	ten.	Infai A	m		MATE INTERVA NSET AND DE
	TION	lying cause last.	CONDITIONS CONTRIBUT	(c)TING TO DEATH BUT	T NOT RELATED TO THE TERMIN	AL OISEASE	Car	T 1 (a).				
	CERTIFICATION	176. DATE OF OPERA	TION	196. CONDITIC	ON FOR WHICH OPERA	IION W.	AS PERFORMED?				20. AUTOP	
	-	210. EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR	216. TIME OF IT HOUR A.M. / P.M.	NJURY MONTH DAY YEAR 19	21c. HC	W INJURY OCCURRED	(ENTER NATU	IRE OF INJURY IN ITEM 18 PAR	T I OR PARI	T 2)	
	MEDICAL	21d. INJURY OCCURE WHILE AT WORK AT W	WHILE	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)		REET	CI	TY OR TOWN	COUR	NTY	STA
-		22a. I certify that I death resulted from ACTUAL SIGNATURE			ibed abave, held an accident Suici	Autaps de	y , Inspection  Hamicide ,  TITLE (SPECIFY) .	Undeterm	Inquiry , and ined manner ,	DATE SIGNED	-/	1/29
		EXAMINER'S NAME (TYPE OR PRINT)	K.S.	AHL	UWALI.	A	ADDRESS 2112.	Du	ndalk	1	Tú, 1	2122

Parkwood Memor

Memorial 1

BP\_\_\_\_\_ DHMH - 17 (VR A15 ME (5)) 30M 7/73

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ESCAPE STRUMENTS -

certificate has been signed by the attending physicion and completely filled in by the funeral director urial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of

injury, or other troumotic event, the

and Mental Hygiene prior to

IMPORTANT: If them 21 is morked or them 18 shows

should be detached for use as the with the State Dept. of Health and

TO FUNERAL DIRECTOR: After this certificate has been

### STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11858

Ł	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	10	0000
	DECEASED NAME FIRST	MIDDLE	t	LAST		MONTH DAY YEAR	2b. HOUR
1	Charles	S.	Gardne	er	May 19.	1979	11:17 M
3.		RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH	F 1 F	
L	Male	Caucasian	Dec	.13,1906°	72	MONTHS DA	YS HOURS MIN
10	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY		D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	Maryland	U.S.A.	WIDOWE	V	Baltimo	re County	MD.
. 10	Towson	. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE St. Joseph Ho	ET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Machinis	ON 12b. KIN WORKING LIFE) INDUST	D OF BUSINESS OR
U I	SUAL RESIDENCE (# NURSING HOME OR OT 30. STATE 136 COUNTY Maryland -	HER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		13e. STREET ADDRESS 3020 Brei	ndan Aver	
14	Charles Game	dner LAST		15 MOTHER'S MAIDEN NA	M.Malatest	a	LAST
16	WAS DECEASED EVER IN U.S. ARME  (YES, NO OR UNKNOWN) (IF YES, GIVE WA		CURITY NO.	17. INFORMANT	ADDRES	S	16-10-5
L	No -	212-01	L-1887	Louise Kra	amer - sam	e as 13	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE (	BY: my	ocarles	e infrais		APPI BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
1	Conditions, if ony, which	DUE TO, OR AS ACONSEO		of keepin		6	+ months
	gove rise to immediate couse (a), stating the underlying couse lost.	'an	41	norths			
3	PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing</u> to	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
The state of the s	190. DATE OF OPERATION  4/4/19  210. ACCIDENT WAS UNDERLYING	Mystrhe	CA K	DAM.	200 AUTOPSY?  YES NO	20b, IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
	OR CONTRIBUTION TO CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
Ordana.	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  THUSE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

FOR - STATE

220.1 certify that (I) (this hospital) attended the deceased from

in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on 5-19
obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

Richard Otenasek, M.D.

23b. DATE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 5-19-79

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

7620 York Road. Towson Md.

Burial 5/22/79

23a. BURIAL, CREMATION, REMOVAL

24 Suchai manak Funera Home, Inc.

Holy Redeemer 3331 Brehms La Balto.Md.21213 Lane

79

Baltimore, Cem

Md.

DHMH - 16 60M 7/73 (VR A 15 (4))

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requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN. The

TO HOSPITAL retained by th

	STATE OF
FOR	DEPARTMENT OF HEAL
STATE	

MARYLAND TH AND MENTAL HYGIENE

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	CEASED NAME	FIRST		MIDDLE	Ü	AST	20 DATE OF DE	ATH MONTH	OAY	YEAR	2b. HOUR
TITPE	ON PRINTS	Charl	9.9	E.	GARI	TEE	MAY	30.	1979		64
3. SE	X		RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	ula /		IF UNDER 24 HRS
	Male		Whi	ite	Jul		79		TION GIVEN IN PART 1(0)  Balto Md  APPROXIMATE INTERVAL  APPROXIMA	HOURS MIN	
	RTHPLACE (STATE O	OR FOREIGN 7	CITIZEN OF	WHAT COUNT	TRY? 8.	NEVER MARRIED	9 BALTIMORE			ATH	
	Marylan	d	USA	A	WIDOWE		Baltin	nore	Coun	ty	M
	altimor				IRSING HOME O	Road	TYPE OF WORK FOR DISA		et P	DUSTRY	
USU/ 13a S	AL RESIDENCE (IF P STATE Md.	136 COUNT Bal	Y	Balto	TOWN#12	13d. INSIDE CITY LIMITS? YES NO A	13. STREET ADD	RESS Rogers	For	ge R	load
14. FA	ATHER'S NAME FIRST	MI	DOLE	Garit	ee	Joseph Joseph	AME	DOLE			
16a. V	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRESS			
	Yes	WW	I	218-7	0-8733	Clarence	M. Mora	gan			
	Conditions, if a		DUE TO, O	ARTO	CNIOSE	lenotic CAR	DIOVASCLA	AN DISC	e HER	94.	x
ICATION	gove rise to couse (o), str underlying co	immediate of the use lost	DUE TO, O	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER.		R CONDITION	N GIVEN IN I	PART 1(o)	GS USED
CERTIFICATION	gove rise to couse to, underlying co PART 2 OTHER S	immediate of the ouse lost IGNIFICANT CO	DUE TO, O  COLORDITIONS C  19b. COND  21b. TIME C	ONTRIBUTING  ONTRIBUTING  OF TO SERVED	TO DEATH BUT	NOT RELATED TO THE TER.	WINAL DISEASE OF	CONDITION  (?   20b.   IN C	IF YES, WERE ERT IFY ING C	PART 1(o) E FINDING CAUSES C	GS USED DF DEATH?
	gove rise to couse (o), sh underlying co PART 2 OTHER S	immediate pating the use lost.  IGNIFICANT CO  RATION  UNDERLYING  CAUSE OF DEATI	DUE TO, O  CC)  DIDITIONS COND  196. COND  216. TIME COND  HOUR A	ONTRIBUTING  ONTRIBUTING  ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER.	WINAL DISEASE OF	CONDITION  (?   20b.   IN C	IF YES, WERE ERT IFY ING C	PART 1(o) E FINDING CAUSES C	GS USED DF DEATH?
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	gove rise to couse 101, with the couse 101 and the couse 101 and the couse 102 and t	IMMEDIANE	DUE TO, O  IC)  ONDITIONS C  19b. COND  21b. TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFI	DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE TER.  TUS  N WAS PERFORMED  216 HOW INJURY OCCUI  211 LOCATION  STREET	200 AUTOPS  YES NO RRED (ENTER NATURE	PRODUITION  206. IN C  IN C  OF INJURY IN ITE.  YOR TOWN	IF YES, WERE ERTIFYING C YES  M 18, PART I OR	PART 1(0) E FINDING CAUSES C PART 2)	GS USED OF DEATH? NO [] STATE
	gove rise to couse 101, worderlying couse 101, and and an arrangement of the couse 102 and and arrangement of the couse 102 and an arrangement of the couse 102 and a	IMMEDIANE	DUE TO, O  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	ONTRIBUTING  ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. MON	DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TER.  TUS  N WAS PERFORMED  211 LOCATION  STREET  211 LOCATION  (my) (com) opinion	200 AUTOPS  YES NO RRED (ENTER NATURE	PRODUITION  206. IN C  IN C  OF INJURY IN ITE.  YOR TOWN	IF YES, WERE ERTIFYING ( YES   M 18, PART I OR  COU	PART 1(0) E FINDING CAUSES C  PART 2) JNIV	GS USED DF DEATH? NO STATE STATE TOT (1) (we) lo
	gove rise to couse 101, worderlying couse 109, and and an arrangement of the second se	immediate pating The use lost.  IGNIFICANT CO  RATION  UNDERLYING CAUSE OF DEATH COICAL EXAMINER)  URRED  T WHILE COICAL (I) (this thospital coical examiner)  (I) (this thospital coical of the coical examiner)	DUE TO, O  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	ONTRIBUTING  ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. MON	DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TER.  TUS  N WAS PERFORMED  216 HOW INJURY OCCUI  211 LOCATION  STREET  214 that in (my) (com) opinion  DEGREE  ATTENDING	200 AUTOPS  YES NO RRED (ENTER NATURE	72 20b. 10 CONDITION 72 10b. 10 CONDITION 10	IF YES, WERE ERTIFYING ( YES   M 18, PART I OR  COU  19 7  d hour ond fi	PART 1(0) E FINDING CAUSES C  PART 2) JNIV	GS USED DF DEATH? NO  STATE not (I) (wa) lo
	gove rise to couse 101, worderlying couse 101, and and an arrangement of the couse 102 and and arrangement of the couse 102 and an arrangement of the couse 102 and a	IMMEDIANE  UNDERLYING  CAUSE OF DEATH  COCAL EXAMINER)  UNRED  T WHILE  (I) (this hospital  Cossed olive on  In [did] (did not)	DUE TO, O  ONDITIONS C  19b. COND  21b. TIME C HOUR A P 21e PLACE (AT HOME, ST 1) oftended the condition of	ONTRIBUTING  ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. MON	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJURY OCCUI  211 LOCATION STREET  214 that in (my) (and opinion of the content of the c	200 AUTOPS' YES NO RRED (ENTER NATURE  10 deoth occurred of	72 20h. 72 10h. 73 IN C OF INJURY IN ITE. 7 OR TOWN The date one STAFF PHYSICIAN	IF YES, WERE ERTIFYING ( YES   M 18, PART I OR  COU  19 7  d hour ond fi	PART 1(0) E FINDING CAUSES C  PART 2)  PART 2)  PART 2)  PART 2)  PART 2)  PART 2)	GS USED DF DEATH? NO  STATE not (I) (wa) lo
	gove rise to couse 101, with the couse 101 and the couse 101 and the couse 102 and t	IMMEDIANE (TYPE OR P	DUE TO, O  ONDITIONS C.  19b. COND  21b. TIME C. HOUR A P. 21e PLACE (AT HOME, ST. 1) offended the view the body	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  OF INJURY  REET, FACTORY, OFF	DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION STREET  A TENDING PHYSICIAN	200 AUTOPS' YES NO RRED (ENTER NATURE  10 deoth occurred of	72 20h. 72 10h. 73 IN C OF INJURY IN ITE. 7 OR TOWN The date one STAFF PHYSICIAN	IF YES, WERE ERTIFYING ( YES   M 18, PART I OR  COU  19 7  d hour ond fi	PART 1(0) E FINDING CAUSES C  PART 2)  PART 2)  PART 2)  PART 2)  PART 2)  PART 2)	GS USED DF DEATH? NO STATE STATE TOT (1) (web) lo
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WEDICAL STATE OF THE STATE OF T	gove rise to couse 101, with the couse 101, and the couse 101, and the couse 102 and	IMMEDIANE COLOR CONTROL COLOR CONTROL COLOR COLO	DUE TO, O  ONDITIONS C  19b. COND  21b. TIME C HOUR A PORT OF THE C (AT HOME, ST  VIEW the body  PRINT)  PAD 1 8  23b. DATE 6/1/	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFI OTHER DESCRIPTION OF INJURY OF INJURY THE DESCRIPTION OF INJURY OF INJURY THE DESCRIPTION OF INJURY OF INJURY THE DESCRIPTION	DAY YEAR 19 FECE, FARM, ETC.)  OM. D.  23c NAME OF CI	NOT RELATED TO THE TER.  IN WAS PERFORMED  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS 7215 York  EMETERY OR CREMATORY PARK	200 AUTOPS' YES NO RRED (ENTER NATURE  1 deoth occurred of DIRECTOR 1	220 INC 220 IN	IF YES, WERE ERTIFYING C YES   And hour ond free country  Md.	PART 1(0) E FINDING CAUSES C  PART 2) JINTY  PART 2)  PART 2)  PART 2)	STATE  STATE  MO  STATE  STATE  MO  STATE  MO  STATE  MO  STATE  MO  STATE  MO  STATE

DHMH-16 20M (VRA 15, 4) 7/7B

should be detached for use as the buriotitions nos been signed by the oftending physician and completely filled in by the funeral d with the State beaution of a should be filed within 72 has with the State beautiof Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 17

(VR A15 ME (5)) 15M 7/76 FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

79-10860

	R	REGISTRAR		MIGO	TONE ENT	VIII VEIX 5	EKINIOMIE	01 0 = 1		J. 190.		
		EASED NAM	E FIRST		WIDDLE		LAST		OF ESTI-		DAY YEAR	76 HOUR
	(TYPE	OR PRINT)	Timothy	Her	nry	Garrit	У		DEATH MATE	0///a	421979	7 M
	3. SEX	73. 1004	4 RACE	5. DATE OF BIRTH		(IN YEARS IF UN			2c. DATE	MONTH	DAY YEAR	2d HOUR
	3.6	-1-	White	9 18	26 52	BIRTHDAY) MONTH	15 DAYS HOURS	MIN.	PRONOUNCED DEAD	1/200	12.079	25
		ale RTHPLACE (		7b. CITIZEN OF WHA			.V		9 BALTIMORE C	TY OR COUN	ITY OF DEATH	10 JI M
1	FOR	EIGN COUNTRY)					ED NEVER MAI		Baltime	andca	untu	
-	M		0.5.5.5.1	USA	TAL BUILDER	WIDOW		RCED III	JAL OCCUPATION			MD.
8	10. CII	Y OR TOWN	OFDEATH	(IF NOT IN SUCH FACE	LITY GIVE STREET AD	DRESS		FORA	MOST OF WORKING LIFE		Lumbe	RY
~			ysville	10612 L	-			r	Broker		Lambe	
	USUA 13a. ST		(IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	13e. STRI	EFT ADDRESS .		717	
2	M		Balto	) <b>.</b>		ysville	13d. INSIDE CITY LIMITS	X 1	0612 La	kesprin	ng way	
-	14. FA	THER'S NAM	E		1.45		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
38		FIRST	TD	WIDDLE	Garrit		Marie	2	MIDDLE	Schu	_	
7	In W	AS DECEASI	ED EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SE		17. INFORMANT		ADD	RESS		ring
1	(YE	5, NO, OR UNKN		WAR OR DATES)	212-22	-6700	Mrs. L	ouise	F. Gar	rity. 1		
70	Y	es					111101				L APPROXIMATI	PATERNAL
			OF DEATH (Enter onl EATH WAS CAUSED	y ane couse per line for BY:	or (a), (b) and (	c).)	- 1	110	-	4-5-1	THIWEN ONS	T ASSO DEATH
	5	11/2	IMMEDIAT	E CAUSE (a)	0	idea	16-	ner	4	-	Derole	are.
	801	40	12	DUE TO, OR A	AS A CONSEQUE	ENCE OF	4	1 .1.	0		-	
			ons, if ony, which	(b)	16	mer	elezas	1	SCUI		OLY	_
			a) stoting the <u>under-</u>	DUE TO, OR A	AS A CONSEQUE	ENCE OF	10			10	1	
21	10	lying co	use lost.	(c)	de	with	Care	elden	has	Mesa	-	
		PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART I (0)		15	1	
	Z	10.93								/ /	~	
	ATI	19a, DATE O	F OPERATION	19k CONDITI	ON FOR WHICH	OPERATION W	AS PERFORMED?	-110	STORES Y	/	28. AUTOPSY	
2	CERTIFICATION	12.2							(		YES 🗍	NOT
10	ERT	Tin EXTERN	AL CAUSE WAS	216 TIME OF	INJURY	[71c.H	OW INJURY OCCUR	RED ATMEN	PARLITE OF PHILIPPING	EW TERMET TORP		
0		UNDERLYIN		ALC: NO STATE OF THE PARTY OF T	MONTH DAY	Section 1						
	2	Total Control of the	OCCURRED	The second secon	FINJURY (AZH	59 THE SC	CATION			-		
	MEDICAL	WHILE	NOT WHILE		DRY, FARM, ETC.)		COMMEN		CITY OR TOWN	C	OUNTY	STATE
		AT WORK	AT WORK								200	
		22n Lore	tify that I took sharp	e of the remains desc	ribed above, hel	dan Autor	ny . Inspec	ction 4	Inquiry	and in my o	ogimion	
		death resu		16.0	Accident	Suicida	Homicida	. Undet	termined manner		1	
		State of the state	0	15		1	Dedictionery				01	/
		ACTUAL	Unl	ach v	11/10	sendly	leder	- war	UCAL EXAMINED	DATE	15/2/7	7
77		SIGNATUR	elle	0-6-1	Char		111	-	HENE EXAMINES	30	11	
O.		EXAMINER	SNAME				100000					
-	1	TYPE OR PE	ATXON, REMOVAL D	A BAVE	Free Street	OF CEMETERY (	OF CREMATCHY	1216.10	OCATION			
	11.00	urial	Name of the	5/4/79	Dula	nev Val	ley Maus	- ICITY	CONTOWN			/ATE
	1	6	1.11/2	mar			35a DV	TEREC'D B	Cockeys V		SIGNATURE	
	100	X PC	owell Le	mm on sponsy	W. Pa	donia I	Rd. MAS	141	979	intry/		
	116	E. I	ower re	minon, 1					0,0			

All courses a secol to the second sec 10 to Table to the second of the sec mpletely filled in by the funeral director and 2 should be filed within 72 hours of

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injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or With the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic

MEDICAL

physician

offending

by the

After this certificate has been offending physicio PHYSICIAN.

TO FUNERAL DIRECTOR:

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## FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CEKTIF	ICATE OF DEATH	REG. N	0.	3 10	001
1 DECEASED NAME (TYPE OR PRINT)	FIRST		WIDDLE	ı	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
(THE OATRINI)	Ruth	Lou	ise	GEM	PP	May 19,	1979	9	M
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	-	IF UNDER I YEAR	IF UNDER 24 HRS
Female		White		Apr	il 7, 1924	55	YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	10 15 TAY
Marylan	d	U.S.A		WIDOWE		Baltimor	e Cou	intv.	MD
10 CITY OR TOWN				G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	12h KIND O	F BUSINESS OR
21234		3 Ase	,	urt		Casework			rnment
USUAL RESIDENCE	(IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1961		
Marylan		timore	21234		YES NO X	3 Asguar	d Cou	irt	
14 FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
Zadok		H.	Sturg	is	Blanch	WIDDLE		Perdu	
160 WAS DECEASED			166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		21234
NO NO OR UNKNOW	(IF YES, GI	VE WAR OR DATES)	216-18-	2029	Robert G.	Gempp, Jr	.3 As	sguard	Ct.
18 CAUSE OF	DEATH   Enter of	only one cause per ED BY	line for (a), (b), and	dicti	00.	2 0		BETWEEN	MATE INTERVAL DISET AND DEATH
101	IMMEDIA	ATE CAUSE (a)	CU	reline	of Pulmorary.	tarace			
17/	7	DUE TO, O	R AS A CONSEQUE	NCE OF	1 . 1 -				
	f any, which	( (b)_	new	unally	of Concumons	CALD			
cause (o),	o immediate stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	10.				
underlying	cause last	( (c)_		CARC	more of Bran	V			
	RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	01
ON O					,				
S 190 DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES	WERE FINDIN	IGS USED
190 DATE OF C						YES NO		S [	NO [
W 21a ACCIDENT V	VAS UNDERLYING	3 21h TIME C	FINIURY		121/ HOW IN IURY OCCUPE	PED JENTER MATURE OF MULE	OV IN ITEM 10 D.	ADT I OD BADT 21	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from

HOUR A.M. MONTH P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

21f. LOCATION

CITY OR TOWN

250. DATE REC'D.

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STATE

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OR PRINT! Humberto

saw the deceased olive on

abave, (1) (we) (did) (did nat) view the body after death

Certeza, M.D.

22e ADDRESS

Blvd. Loch Raven Plaza Goucher

230.	BURIAL,	CREMATION,	REMOVAL
_	(SPECIFY)		
B	uri	2]	

226. SIGNATURE

24 FUNERAL DIRECTOR

23b. DATE May22,

23c. NAME OF CEMETERY OR CREMATORY Gardens Of Faith

23d LOCATION Baltimore

COUNTY

STATE

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

Johnson 8521 Loch Raven Blvd

VS-IN 15-1 (19-1) (19-1

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO	7	0	_	1	n	8	6	
NIO	-	J		1	U	U	U	

	- STATE REGISTRAR		CERT	IFICATE OF DEATH	RI	EG. NO. 19-	10862
	I DECEASED NAME FIRST	M.	GETT1	ER	2a DATE OF DEA	5 12	79 6:05P M
	3. SEX MALE	4 RACE WHITE		E OF BIRTH	6 AGE INYEARS L	AST BIRTHDAY) IF UN MONTH	DER I YEAR IF INDER 24 HRS HS DAYS HOURS MIN
	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Baltimore City	76 CITIZEN OF	what country? 8 MARI WIDO	RIED NEVER MARRIED		COUNTY OF	<b>DEATH</b> MD.
6	TOWSON, MD.	G.B.N	HOSPITAL, NURSING HOM H FACULTY, GIVE STREET ADDRESS)			UPATION MOST OF WORKING LIFE) IN B.G.& E.E	
7	Md. Car	ME OR OTHER INSTITUTION OUNTY PROLE	GIVE RESIDENCE BEFORE ADMISSION OF TOWN  Westminster	13d INSIDE CITY LIMIT	700 F	renklin Ave	21157
1	14 FATHER'S NAME FIRST Lloyd Get	MEDDLE tier	LAST	IS MOTHER'S MAIDER FIRST Lue 1	la Kleeman	DDIE	(AST
,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	217-07-1576		D. Gettier	700° Frank] Westminste	lin Ave. er. Md. 21157
	1991	USED BY. DIATE CAUSE (a)  DUE TO, C	CARDIAC FA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	r as a consequence of				
1			LED DIABET		TERMINAL DISEASE OR	CONDITION GIVEN IN	V PART 1(a)
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY YES NO		RE FINDINGS USED G CAUSES OF DEATH?
	00.000.000.000.00	F DEATH HOUR A	M. MONTH DAY YEA M. 1	R	CURRED (ENTER NATURE C	OF INJURY IN ITEM 18, PART 1 (	OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY	OR TOWN C	OUNTY STATE

220.1 certify that (this haspital) attended the deceased from

DEGREE ATTENDING PHYSICIAN MEDICAL M.D.

BAIAIDI, M.D.

230 BURIAL, CREMATION, REMOVAL

Burial

NOT WHILE

22e ADDRES

23c. NAME OF CEMETERY OR CREMATORY May 16, 1979 Dulaney Valley Memorial

Cockeysville, Md.

24 FUNERAL DIRECTOR Eline Funeral Home, Reisterstown, Md. 21136

23b. DATE

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

and Mental Hygie or Hem 18 sh

should be detached for use as with the State Dept. of Health

IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR etained by the hospital

7.0-10.005 Miles and the Company of the Company The contract a series of the case and a series of the case of the Butter that Care to AND HODAY OF STRATEMENT OF SERVICE AND SER Anexo . The Prest To The college of the second of t

A Line I MAR THE TILL AND THE WAR WAS LOND TO SERVICE AND THE

# OR ATTENDING PHYSICIAN: The low requires that the death certificate etained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hant the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

notified

must be r

XC 01 376 612 FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10863

1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO		5-10	000
	CEASED NAME	FIRST	M	IDDLE	L	LAST		20. DATE OF DEATH		OAY YEAR	26 HOUR
(TYP	CLARI	ENCE	C		GII	LLYARD	-	MAY 4, 19	79		6:49P M
3. SE	X	100	4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIRTI	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		BLACK		JUL	2, 1897 AR		81	YKS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OF FOR	REIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	K)	BALTIMORE CITY O	R COUNT	Y OF DEATH	7186119191
17	ecion -	36	U.S		WIDOWE	DIVORCED		BALTIMO			MD.
1	FORT HOWARD		V. A.	MEDICAL C	DDRESS)	R OTHER INSTITUTION		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			F BUSINESS OR
13a	NSYLVANIA	13b COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS	5?	2212 GREEN	WITC	h STREET	P _
14 F	ATHER'S NAME FIRST EDWARD	,	WIDOLE	GILLYARD		15. MOTHER'S MAIDEN REBECC		E MIDDLE		HARLE	ł
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)		WAR OR DATES)	217 54 8		17 INFORMANT  CLINICAL	REC	CORDS, VAMO		RT HOWAL	RD, MD
CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which ediote the lost	DUE TO, OR  DUE TO, OR  DUE TO, OR  CONDITIONS CO  DITIC CAR	AS A CONSEQUE ASPIRAT  AS A CONSEQUE  NITRIBUTING TO D  DIOVASCUI	NCE OF NCE OF	PNEUMONIA  PNEUMONIA  NOT RELATED TO THE TISEASE, REN.  NOW WAS PERFORMED	TERMIN AL	H.W. I THINKH:	20b. IF YI	VENOBSTRI IARY DISI EN WERE FINDIN IFYING CAUSES (ES	EASE SED
MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHI	AUSE OF DEA LEXAMINER)	P.A 21e PLACE C	A. MONTH DA A.	19	21c. HOW INJURY OC	CURRE	D JENTER NATURE OF INJUR		, PART 1 OR PART 2)  COUNTY	STATE
	22a I certify that A ( sow the decease obove. Yi (we) (di 22b. SIGNATURE  22d. PHYSIQ N'S NAM	this hospidolive on dive on dive	MAY View the body o	ofter death.	9, 01	nd that in (XX(our) opin DEGREE ATTENDIN PHYSICIA 22e ADDRESS V. A. MED	IG _	MEDICAL STAF	F IAN 🗗	22c DATE 5/5/	SIGNED  /79
230	BURIAL, CREMATION, R		236. DATE	23c N		EMETERY OR CREMATO		23d. LOCATION TY OR TOWN		QUINTY 2 1	
25	UNERAL DIRECTOR	Ph	Tages 6.	3 8-10 ARES 571	Ing a	W 8 d 125a.	DATE	REC'D. BY REGISTRAR	25h REG	Frankel	realy

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

981:0	6/61 '9 And	UEAY	GEO.	0	SURKILL		
		Tean s	Auton to				
T.	RODO SHORESTA AC			1.5.4.	22-1	Discount of	
			COURSO J	Dennia v		OI TOX	
Taba	LATER EAD STOR		The same and the same of the s				
2-171				Zunia	35	MARKE	
CI .UEIWEE	TEOTHE, VANC, LOND	LATERATOR	17,50 14	(7715	Walls.		
		6.3H0H0	TREAT, PART				
		ABICTUS	HE ROTTAL				

STANDARD OF DOMEST STANDARDS AND RECOGNISION OF THE PARTY OF THE PARTY PARTY.

DESCRIPTIVE TO YOR OFF. IS. M. W. V. A. MACHEN CONTER, 1062 HOVARD, NO CROSS

2 45 VE 10 340 1 EN 195

The state of the same of the s

# requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. The please remove carbonopaers. Pages 1 and 2 should be filed within 72 hand the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10864

1	•	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	10 .0	
		EASED NAME FIRST	MIDDLE /	1.1/2	AST	20. DATE OF DEATH	- 23 - 79	26 HOUR 455
	3. SEX	MALE	1 RACE WhITE	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
1	To BIR	ALTO Md	76. CITIZEN OF WHAT COULD	WIDOWE	D DIVORCED	BALTIMORE CITY OR	COUNTY OF DEATH	TV MD.
-	7	OWSON	MULTI- MESICA	L CONVALE	SCENT CTE OF TOU	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	N VORKING LIFE) INDUSTRY IKATOK HO	NURSING ME
7	130 S	MARYLAND -			136. INSIDE CITY LIMITS?	130. STREET ADDRESS	LAND AV	<i>E.</i>
	14 FA	JAMES	GILM.	ORE	ELLEN	AME MIDDLE ADDRESS	GALLIGA	N.
		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES) 166 SOCIA	07-9566A	MRS. CARRIE	E.G.LMORE	3005 OVER	Lavd Ave
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CON  (c)	NSEQUENCE OF	te Go	I the hec	tun	
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	196 CONDITIONS CONTRIBUTION			20a AUTOPSY?	TION GIVEN IN PART 16  70b. IF YES, WERE FIND IN CERTIFYING CAUSES  YES	NGS USED
	CAL	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)	
		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	7-6	STREET	CITY OR TOWN	COUNTY	STATE
		22a 1 certify that (1) (this hospi saw the deceosed alive on above/(1) (we) (did) (did no 22b. SIGNATURE	- //-	_19 <u>79</u> , an	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	e and hour and from the	
		NATI VOS	EPH HAR		9101Fra	nulla sy	are dr. Ba	110,21237
	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	731 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Conclin 5444BELAIR Rd. 24 FUNEAU LURECTOR

A PY REGISTRAR 250 REGISTRAR'S SIGNATURE

13884-64 awaysh the house of the state of any one of the state of the N. W. 2503 S. V. Carried B AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. Charle Course in the walk survey of the

completely filled in by the funeral director, I and 2 shauld be filed within 72 haurs afti

### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10065

- STATE REGISTRAR				CERTIF	ICATE C	OF DEATH		REG. N	10	3-10	003
1. DECEASED NAME	FIRST		WIDOLE		LAST		20 DATE	OF DEATH	HINOM	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Rando1	.ph	M.		Goe1z		Ma	y 25,	1979		12:05E
3. SEX		RACE	a play to	5. DATE C				YEARS LAST BI		IF UNDER 1 YEAR	
Male		White	e	Nov	. 3,	1974 YEAR	4		YRS.	MONTHS DAYS	HOURS MIN
TO BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NE	ER MARRIED	9 BALTIA	ORE CITY		Y OF DEATH	
Marylan	d	U.S.	.A.	WIDOWE		DIVORCED [	5	Balt:	more	County,	,
Cockeysv		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A D Sandring	ADDRESS)		INSTITUTION		AL OCCUPA ORK FOR MOST <b>ne</b>			OF BUSINESS (
USUAL RESIDENCE (IF 130. STATE Maryland	NURSING HOME OF COUNTY	TY	13c. CITY OR TOWN	N	1134 INSI	DE CITY LIMITS?	13e STREE	T ADDRESS	ndrin	igham Ro	ad
4 FATHER'S NAME				1	15. MOTH	HER'S MAIDEN					
Thomas	M	E.	Goelz			Jayne		B.		Everng	
160 WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFO			ADD	ESS		
NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	None		Tho	mas E.	Goe1z	Same	as #	13.	
Conditions, if gave rise to couse (0), sunderlying c	immediate	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE MUCTIPLE	NCE OF		5WA		(Mot	les Drame	0	
	SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELA	ATED TO THE TE	RMINAL DISE.	ASE OR CO	NDITION G	IVEN IN PART 1	ō
190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	ERFORMED	200 AL	TOPSY?	IN CERT	ES, WERE FINDS	
	S UNDERLYING CAUSE OF DEAT		DF INJURY ,M. MONTH DA .M.	YEAR		w injury occ	URRED (ENTER	NATURE OF INJ	URY IN ITEM 18	, PART 1 OR PART 2)	
OR CONTRIBUTING  (IF EITHER, NOTIFY)  21d INJURY OC  WHILE AT WORK	OT WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOC	ATION	Keen	CITY OR TO	)WN	COUNTY	STATE
saw the de	ot (1) (this haspite ceased alive on_ ve)(did)(did not		ne deceased fram	11-3	nd that in	(my) (aur) opini	1	S		, 19 <b>79</b> , our and from the	that (I) (we) le causes stated
22b. SIGNATURE	- 1 -	Elim			DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO				25.79
22d. PHYSICIAN	S NAME (TYPE OR	The second second			22e. ADI	ORESS				100	2109

22d. PHYSICIAN'S NAME (TYPE OR PR Robert E. Yim, M.D.

57 W.

Timonium Road Timonium, Md.XXXXXX

230. BURIAL, CREMATION, REMOVAL Buria1 23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem. May 29, 1979 1050 York Road

23d. LOCATION
CITY OR TOWN
Cockeysville

24 FUNERAL DIRECTOR

9 1979 Ruck Towson Funeral Home, Inc. Towson, Md.21204

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

and Mental Hygiene priar ta burial, cr

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

should be detached for use as the with the State Dept. of Health and

injury, ar ather traumatic event, the

and the cold of th The deliging was and the first and the contract of

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DEPARTMENT	OF	HEALTH	AND	MENT	AL	H

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70-10866

	REGISTRAR			WEL	JICAL	EXAMINE	K.2 CE	KIIFIC	AILO	PUEAI	H	REG. N	b. J	1000	
	CEASED NAM				WIDDLE		LA	ST		- 2a	DATE KNO		MONTH X	DAY YEAR	25 HOUR
100	C OK PRINT)	Raymo	nd	Fr	ank		Gon	shor			DEATH MA		5	1419 79	A
3. SE	X	4 RACE	5 DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER 1 YR.	HOURS		DATE		MONTH	DAY YEAR	8:02
n	nale	white	8	3	34	44 YRS.	MONTHS	DATS	HOURS		DEAD		5	14 19 79	a. N
	IRTHPLACE SPEIGN COUNTRYS		7b. CITIZE	EN OF WH	AT COU	NTRY? 8.	MARRIED	D NEV	ER MARRI	ED D	BALTIMORE	CITY	OR COUNT	Y OF DEATH	
	arylar				5.A.		NIDOWE		DIVORCE		Balt			County	ME
10. C	ITY OR TOWN	OF DEATH				JRSING HOME, C	OR OTHER	RINSTITUT	ION		LOCCUPATION OF WORKING		E OF WORK	OR INDUST	ISINESS RY
	parrow			S	parr	ows Poi	nt I	isper	sary	#2 1	Machir	ne s	Shop	Beth.	Stee
	AL RESIDENCE	(IF IN NURSING HOM		TITUTION, GIV	13c. CIT	E BEFORE ADMISSION		3d INSIDE CIT	Y LIMITS?	13e. STREE	TADDRESS				
Ma	rylan	d Bal	timo:	re	Di	undalk		YES 🗌	NO 🔀	610	Good	lmaı	n Ave	enue	
14. F.	ATHER'S NAM	E	WIDDLE			LAST	1	5. MOTHEL	R'S MAIDE	NNAME	MIDDLE			LAST	
	John			1100		Gonshor			licia	a				uraczy	
	WAS DECEASE	OWN) (IF YES, GI	RMED FORC		16b. 5O	CIAL SECURITY N	10.	7. INFORM	ANT		Al			Popla:	
No	)				212	2-32-18	36	Mar	tha 1	Pers:	inger	]	Balto	o. MD	
		OF DEATH (Enter of												APPROXIMAT BETWEEN ONSE	T AND DEATH
	PARITO		ATE CAUSE	(a) Art	erio	scleroti	c ca	rdiov	ascul	lar di	Lsease				
50	42	90		JE TO, OR	AS A CO	NSEQUENCE OF								34538	
		ins, "if any, which ise to immedia		(b)				1.7							
		a) stating the <u>unde</u>	5	JE TO, OR	AS A CO	NSEQUENCE OF									
	tying ca	use iusi.		(c)								-			
	PART 2 DTHER S	SIGNIFICANT CONDITIO	IS CONTRIBUTIN	G TD DEATH	BUT NOT REL	ATED TO THE TERMINA	AL DISEASE D	R CONDITION	GIVEN IN PAR	RT 1 ol.					
MEDICAL CERTIFICATION							185			2016				1	
CA	190. DATE O	FOPERATION	19	b. CONDII	TION FOR	WHICH OPERAT	ION WA	S PERFORA	AED?					2D. AUTOPSY	
NT N				The or			Tái mai							YES X	NO []
CE	UNDERLYIN	AL CAUSE WAS		OUR A.M		H DAY YEAR	216. HO	WINJURY	OCCURRE	D (ENTERNA	TURE OF INJURY I	N ITEM 18	PART I OR PA	RT 2)	
CA	CONTRIBUT	ING CAUSE O		P.M		Y (AT HOME,	21f. LOC	ATION							
MED	WHILE I	OCCURRED  NOT WHILE		STREET, FACT			STR				CITY OR TOWN		co	UNTY	STATE
	AT WORK	NOT WHILE					7.0								
	22a. I cert	tify that I taak cho	rge af the re	emains des	cribed ab	ave, held an	Autapsy		Inspection	n Ll,	Inquiry	, ar	nd in my ap	oinian	
	death resul	Ited fram: Na	tural equses	X	Accident	, A Suicio	de .	Hamici	ide .	Undeter	mined manne	, U.			
		(7	1	(	1 8	1		TITLE (SE	PECIFY)				DATE	5/14	170
	SIGNATURE	Les I	hour	01	11-0	sonly -	M.E	Deput	y Chi	MEDIC	CAL EXAMINE	R	SIGNE	D	119
	EXAMINER'S		homas	D.	Smit	h, M.D.	A	DDRESS_	11 Pe	enn St	treet,	Ba1	to.,M	D 21201	
23 a. 8	BURIAL, CREMA	ATION, REMOVAL	23b. DATE		23с.	NAME OF CEME	TERY OR	CREMATO	RY	23d. LOC	ATION		COU	NTY S	TATE
		rial		7/79		acred H	lear	t of				reg	Balt	imore.	MD
24. 1	UNERAL DIRE	CTOR Duda	-Ruc						25a. DATE F		EGISTRAR 2	Syden	Sand Is	SIGNATURE /	
	7922	Wise Av				lk, MD	212	22	MAY	7 0	1010		/	/	

Company of the 

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 10007

REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	19-11	1001
1 DECEASED NAME FIRST ELLA	Mae		RANGER	20 DATE OF DEATH	5-23-79	6:30A
150	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH		
Female	White	Mar	ch 18, 1881	<b>92</b> 98	YRS.	HOURS MIN
7a. BIRTHPLACE (STATE ORFOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUP	MARRIE	ED NEVER MARRIED	9 BALT I MORE	COUNTY	MD.
TOWSON	GBMC-6701 GW	NEET ACHEAR	RLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Home Make	WORKING LIFE) INDUSTR	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU Maryland Bal		RTOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1219 Mai	denchoice I	ane
	W. Grange	er	15 MOTHER'S MAIDEN NAM FIRST Annie	J.		nders
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	1 SECURITY NO. 13-4916	Pickersgill	615 Chest	nut Ave.	DXIMATE INTERVAL N ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR CONG!	ESTIVE AGENCE OF	HEART FAILU	RE	ITION GIVEN IN PART	llo)
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	VHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED ES OF DEATH?
		H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONTRIBUT	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR FOW	COUNTY	STATE
270.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 270. 5103144) (RE	at view the body ofter death	_19	nd that in (my) (our) apinion of DEGREE	MEDICAL STAFI	22c. DAT	, that (I) (we) lost e couses stated E SIGNED 23 - 79
22d PHYSICIAN'S NAME (PREC	OYEN		PHYSICIAN	N. CHARLE	AN LI	
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23. DATE May 25,1979		Park Cemetery	23d LOCATION CITY OR TOWN Baltimore	, county Mary	rland <sup>§tate</sup>

24 FUNERAL DIRECTOR

NAME
Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAY 2

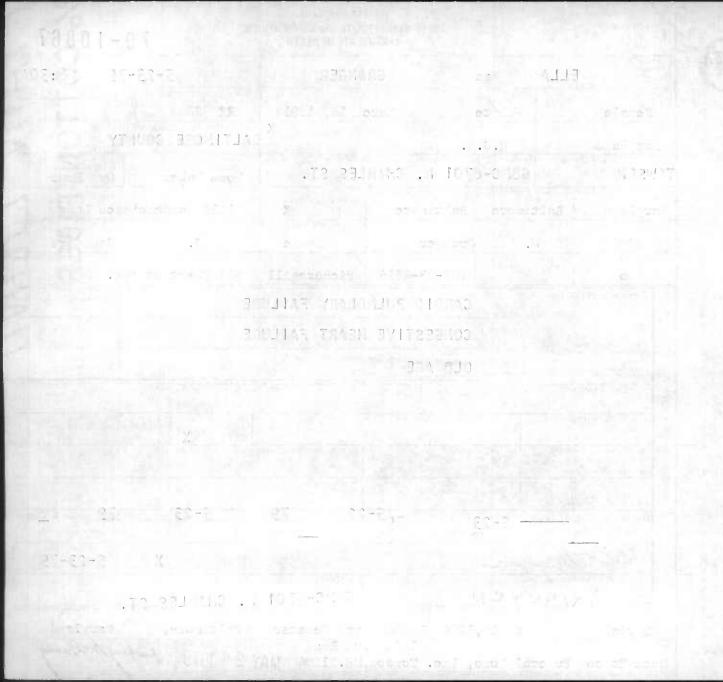
BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

this certificate has been

IMPORTANT: If Hem 21 is marked at Item 18 sh



# STATE OF MARYLAND

8	1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	. 7!	9-10	868
		CEASED NAME E OR PRINT)	FIRST ethari		MIDDLE		ast	2a DATE OF DEATH	May 12	1979	26 HOUR 2:35P
	3. SE			RACE		5. DATE C		6 AGE JIN YEARS LAST BIR		IF UNDER 1 YEAR	
		Female		white		Aug	23 1891	87	YRS	MONTHS DAYS	HOURS AIR
ot once.		IRTHPLACE (STATE ORFO	DREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED 2	Baltimore City C	R COUNTY	of DEATH inty	
ophilied O		ITY OR TOWN OF DEA Catonsville		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, HAVEN NU	ADDRESS]	F HOME	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O Retired		EL INDUSTRY	OF BUSINESS C
er must be	130	AL RESIDENCE (IF NURS STATE Md	13b COUN Bal	TY .	GIVE RESIDENCE BEFORE 131. CITY OR TOW Woodmood	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 7018 Queen	ı Anne	Rd.	Cc
exomine	14. F.	Eugene	N	IDDLE	Grannan		15 MOTHER'S MAIDEN NA FIRST  Catheria	MIDDLE		Biel	57
medicol		WAS DECEASED EVER YES, NO OR UNKNOWN) "NO"		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		John C. Gran	ltimore, ADDR nan 7018 Qu		nne Rd.	. 21207
or other troumotic event,		Conditions, if any, gove rise to imm couse (a), statin underlying couse	AS CAUSED IMMEDIATI which nediate g the last	DUE TO, O  DUE TO, O  (b)  DUE TO, O	Metas RASACONSEQUE RASACONSEQUE	ENCE OF	Careino vieros ASCUT	S- 2			imate interval Onset and death
r injury,	NOI			ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	ainal Disease or Con	DITION GIV	EN IN PART 11	0
(no swor	RTIFICATION	190 DATE OF OPERA	,ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDITYING CAUSES	
them 18 st	S.	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE PROPERTY OF T	AUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2]	
rked or	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	IILE 🗀	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is ma		22a.1 certify that (1) sow the decease above, (1) (we re	d alive on_	511	7 19	2	d that in (my) (our) opinion	deoth occurred on the de	ote and hour		that (I) (we) To

should be detoched to with the State Dept o IMPORTANT: If Item 2 TO FUNERAL DIRECT 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

Dr. Robert B. Kroopnick

Liberty Plaza Shopping Center 23t. NAME OF CEMETERY OR CREMATORY New Cathedral

DEGREE

22e. ADDRESS

21133

23d LOCATION CITY OR TOWN

Marie Balto. City 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DAJE SIGNED

230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CONSTRUCTION SPECIFY Burial 5/14/79 New Cathedrai 24 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown Md Loring Byers Funeral Directors, P.A.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

	PARTITION OF THE PARTIT		
CHARLES A SECTION AS A	B PT DAY	XVA	
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	717440747		
tory is independent to your	to and key		201
	stead 1 to your 1.11 es		Zunala Miles

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 10870

	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	19-	100	)   0
1	DECEASED NAME FRST	#06H		(A))	IN DATE OF DEATH MON	M DAY	YEAR	2h HOUR
	ELTON	JOSIAH	GF	REEN	Ma	y 18	1979	4:45 AM
1	SEX	4. RACE	5. DATE (	30 Containing	E. AGE (IN YEARS LAST BRITIDAY)	Fish	CER   1EAR	# STADER TANKS.
×1	Male	Negro	007		1 Yr. 7 mo.		HS STAVE	HOLIES WAY
5	Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE	O NEVER MARRIED	Baltimore			AND.
0	Owings Mills	11. NAME OF HOSPITAL NURSIN IN NOT IN SUCH FACULTY, ONE STREET ROSEWOOD CENTE	ADDRESS	DR OTHER INSTITUTION	12s USUAL OCCUPATION (THE OF WORL FOR MOST OF WOR			F BUSINESS OR
8	MARYLAND BAL			YES NO Z	219 MOUNTA	HN K	20.	
3	Edwin	Green		Sharon	AE MODUL		Watt	
1	No	E WAR OR DATES		SHARON WA	ADDRESS 219	nou	VTR	HI RD
	Conditions if any which gove the to immediate course of stating the underlying course lost.	D BY de la - II	TARO	ghalitia, t	lost Natal		12	nout
	PART 2: OTHER SIGNIFICANT  W. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITIO	IN GIVEN 3	N PART TO	*
	THE DATE OF DEPARTION  THE DATE OF DEPARTION  THE DATE OF DEPARTION	186. CONDITION FOR WHICH	OPERATIC	ON WAS PERFORMED		CERTIFYING		OF DEATH?
9	21st. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE 19 BITHER, NOTEY MEDICALEXAMINER	72.15	AY YEAR		ED (DATE HATDE OF HADE IN)	SW 18. PART.1	ORPART 3)	1
	THE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STATEST, PACTORY, OFFICE, F	AAMLETC)	211 LOCATION	CITT OR TOWN	-	OUNTY	STATE

s. Feerify that

FOR

and hour and fram the capses stated 224. DATE SIGNED

ATTENDING MEDICAL

Zie AD

24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

MPORTANT if Nem 21 is marked or tem 18 shows any

TO FUNERAL DIRECTOR, After the certificate should be deteched for use in the borsel-fromity with the State Dept. of Health and Mental Physics

(VR A 15 (4))

ATTENDING SHYSICIAN, The

TO HOSPITAL

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR DECEASED NAME FIRST TYPE OR PRINTS LFON REENBERG 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR NOV . 27 1907 MALE WHITE 71 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARYLAND BALTIMORE COUNTY USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION M CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR SALESMAN WORKING LIFE) FIRNITURE BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN ISUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION #21215 134 INSIDE CITY LIMITS? 131 COUNTY 6001 PARK HTS. AVE., APT. 3-D MARYLAND IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FLORENCE ABRAMS LAST GREENBERG SOLOMON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. DOROTHY GREENBERG (YES 119 OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-05-3727 6001 PARK HTS. AVE., APT. 3-D 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARCINOMATOSIS. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

71a ACCIDENT WAS UNDERLYING

214 INJURY OCCURRED

226. SIGNATURE

216. TIME OF INJURY

71s PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OF TOWN

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

NO T

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death

OR CONTRIBUTING T CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

27d PHYSICIAN'S NAME (TYPE OF PRINT)

BCGH - RANDALLS TOWN Med

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

MEDICAL

00

MAY 16,1979 BURIAL

231 NAME OF CEMETERY OR CREMATORY ARLINGTON (CHIZUK AMUNO

BALTIMORE

MARYLAND

24 FUNERAL DIRECTORSOL LEVINSON & BROSERS, INC. 6010 REISTERSTOWN RD., BALTO., MD

21215

75b. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VRA 15(4))

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17001-07	Colored De La Colore de Colored de La Colore

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

the deoth

thot

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F

IYGIENE	7	Q	_	1	0	8
	- (	7		1	U	U

1.	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE	79-	-108	72
	REGISTRAR					REG. N			
1. DE	OR PRINT)		WIDDLE	1	AST	20. DATE OF DEATH			26 HOUR 20
	Wal	TER.	J.	G1	IEST		05-0	2-79	10 PM
3. SE.	X	4 RACE	100	5. DATE C		6 AGE (IN YEARS LAST BIRT			HOURS MIN
1	MALE	WHI	Te	MONTH 04	- 17-1900	79	YRS.	ONTHS DAYS	HOURS MIN
7a. B	RTHPLACE STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY			9. BALTIMORE CITY O		OF DEATH	
	ountry) ennsylvania	usa usa		WIDOWE		Baltimon	re Cor	in tar	MD
	ITY OR TOWN OF DEATH	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATI	ON	126. KIND OF	BUSINESS OR
To	owson		Care N		ng Home	AutoMecha			Matama
	AL RESIDENCE (IF NURSING )				ng nome	Automeena	HILC	DUIT CIT	MotorCo
+3a S	STATE 136	COUNTY	13c. CITY OR TOV	VN _	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	LT. A		
-		altimore	Perry H	lall	YES NO K		th Ave	enue	
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
	John		Gri	est	Helen			Jai	mison
16a V	WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		
	NO NO OR UNKNOWN) (IF	ies, one trim on prices,	216-10	1326	Roger D. (	Griest 168	319 G	orsuch	Mill R
	18 CAUSE OF DEATH (E	nter only one couse per	line for (o), (b), qi	nd ic				BETWEEN ON	NATE INTERVAL
7	PART I. DEATH WAS	CAUSED BY MEDIATE CAUSE (0)	and	10/1	arrent du	e to ASC.	UD		
	11999		Marian			0 /20 / / 20			
	72/2		R AS A CONSEOL	JENCE OF					
	Conditions, if ony, who			10 11					
		the DUE TO, O	R AS A CONSEOL	JENCE OF					
		(c)							
Z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(0)	
CERTIFICATION	190 DATE OF OPERATION	N 196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	T20b. IF YES.	WERE FINDING	GS USED
5	. OANE OF GREAT						IN CERTIFY	ING CAUSES C	OF DEATH?
1 2	210. ACCIDENT WAS UNDERLY	ING T 216. TIME C	E INTUINY		21c. HOW INJURY OCCURR	YES NO NO	YES		NO 🗌
	OR CONTRIBUTING CAUS			AY YEAR	THE TOWN INSORT OCCURR	LED LEWISK INTOKE OF MOON	T PS TEM TO, FA	ATTORPANTZI	
EDICAL	(IF EITHER, NOTIFY MEDICALEX		M	19					
AED	214 INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
-	WHILE NOT WHILE AT WORK			111					
	220.1 certify that (I) (this	s hospital) attended th	e deceased from.		, 19	, to		9, th	not (I) (we) lost
	sow the deceased a	live on (did not) view the body	ofter depth	. 01	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour	and from the co	ouses stated
113	22b. SIGNATURE	/ -	2/200	100	DEGREE			22c. DATE S	IGNED
	11/1	alter.	100		ATTENDING PHYSICIAN	MEDICAL STA			
	22d. PHYSICIAN'S NAME	1TYPE OR PRINT)		-	22e ADDRESS	J DINECTOR   TITISK	-IAIT		
					Hamalan Mili	11 Dec 1 1	(1 - d		
22-	Walter 7		122.	NIAME OF	Houcks Mil	23d LOCATION	ionk to	0)11	
1	BURIAL, CREMATION, REM					CITY OR TOWN		COUNTY	STATE
_	irial	5/5/7	A Fig	istra	nd Friend	Lington D. BY 20/15/RAR	British	OD	Pa.
	UNERAL DIRECTOR		ADDRESS			D. BILLY STRAK	CHAPTER CONTROL	A SICILIANS	7
La	ssahn Fune	eral Home	7401	Bela	air Road				/

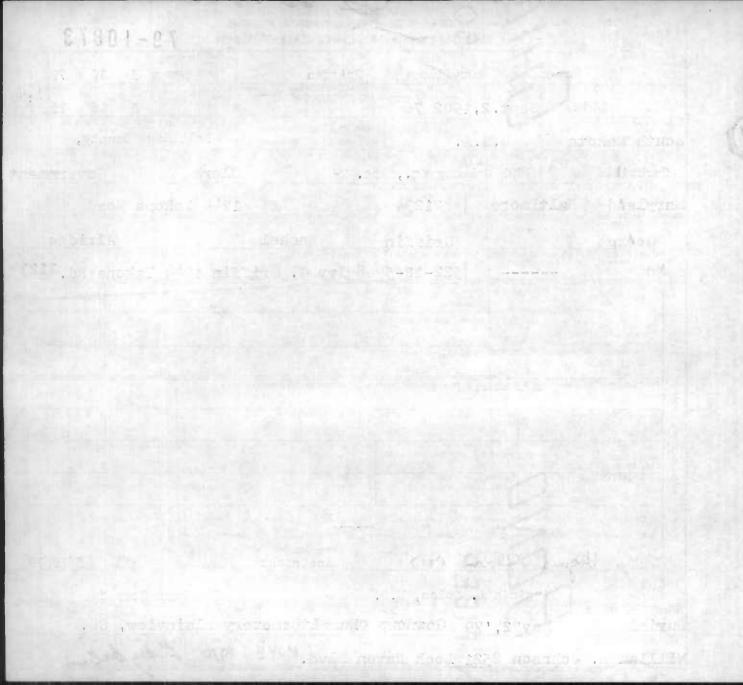
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		dent to		
SELECTION OF CHEEK SERVICE	. Termon	10/1-01-4/8		07

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	CEASED NAME	A.S.	MED	MODIE	EK 3 C	ERTIFICATE OF	20. DATE KI	REG. DO.	H DAY YEAR 175 HOUR
	PE OR PRINT)	Wayne	0	rville	Gr	iffin	OF	ESTI-	16 19 79
3 SEX	X 4.	RACE 5 DA	ATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UN	DER 1 YR. IF UNDER 2		MONT	
			pt.2,:	1902 76 YF		DAIS HOOKS	DEAD	5	
FC	RTHPLACE (STAT		ITIZEN OF WH			ED X NEVER MARRIE	Pol.	timore C	
	outh Dal		U.S.A	PITAL, NURSING HOME	WIDOW:		2ª USUAL OCCUPA	TION (TYPE OF WOR	1126. KIND OF BUSINESS
1	Parkvill	e 1	803 Соъ	ourg Ct.,		T-1	Clerk	NG LIFE)	Government
17. 6	AL RESIDENCE (# STATE LTYLAND	Baltin				13d. INSIDE CITY LIMITS? YES NO A	of (ITY LIMITS? 13. STREET ADDRESS NO X 1744 Yakona Road		
14. F.	ATHER'S NAME	MIDI	DLE	15. MOTHER'S MAIDEN NAME FIRST				DLE	LAST
	George			Griffin			Rachel A		
()	WAS DECEASED E YES, NO, OR UNKNOW!	VER IN U.S. ARMED F	ORCES?	166. SOCIAL SECURIT		Ivy G. Gr	iffin 17		ona Rd. 2123L
	PART I DEAT	DEATH (Enter only one H WAS CAUSED BY:  IMMEDIATE CA  if ony, which to immediate ating the under- last.	USE (o) Ure DUE TO, OR A  (b) Ence DUE TO, OR A		enal	disease			BETWEEN ONSET AND DEATH
N N	PART 2 OTHER SIGN	FICANT CONDITIONS CONTRI	BUTING TO OEATH B	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PART	1 (a).		
CATIC	19a. DATE OF O	PERATION	196. CONDIT	ION FOR WHICH OPER	W NOITA	AS PERFORMED?	N-1/YYE		20. AUTOPSY?
CERTIFICATION	210 EXTERNAL UNDERLYING	archie		INJURY MONTH DAY YEAR		DW INJURY OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OF	YES 😿 NO 🗆
1 X	21d INJURY OC		21e. PLACE O			CATION	CITY OR TOWN	v 1 = 1	COUNTY STATE
MEDICAL	WHILE AT WORK	NOT WHILE AT WORK					,		
MEDICAL	22a. I certify death resulted	AT WORK that I taok chorge of t	uses 🗐,	cribed obove, held on	icide	Homicide ,	Undetermined mon		
MEDICAL	AT WORK 22a. I certify	AT WORK that I taok charge af t	uses 🗐,	Accident . Su	icide	Homicide .	Undetermined mon	ner ,	
	22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	that I tack charge of the from: Natural ca	uses ⊠. XVolav inia L.	Accident , Su  Dolan, M.1	micide	Homicide , TITLE (SPECIFY) D. Assistant	Undetermined mon  MEDICAL EXAMIN	ner ,	TE 5/19/79
23a. E	22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	that I taok chorge of the from: Natural ca	uses ⊠. XVolav inia L.	Accident , Su  Dolan, M.  136. NAME OF CEA	METERY O	Homicide , TITLE (SPECIFY) D. Assistant	Undetermined mon  MEDICAL EXAMIN  111  1234, LOCATION	ner  DA' SIG	seet 5/19/79



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executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the haspital ar attending physician.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10		U			0	-		

1-	FOR STATE REGISTRAR		DEPART		ICATE O	D MENTAL HY F DEATH	GIENE	REG. NO	79	-108	7 4	
	CEASED NAME FIRST	N	IDDLE	i	AST		2a. DA	TE OF DEATH	HINOM	DAY YEAR	2b HOU	R
,,,,,,		BOY GRI	FFING (	John M	. Gri	ffing,	IĮI)	5/3	1/79		1:42	2 am
3 SE	X	4 RACE		5. DATE C			6 AGE	(IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR		
	Male	Cauc	asian	MONTH	/16/79				YRS.	MONTHS DAYS		MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	? 8		R MARRIED	9 BAL	TIMORE CITY O	R COUNT	Y OF DEATH		
	Maryland	US	A	WIDOWE		DIVORCED [		altimor	e Cou	nty		MD.
10 C1	TY OR TOWN OF DEATH		OSPITAL, NURSI		OR OTHER I	NSTITUTION		SUAL OCCUPATION WORK FOR MOST O		126 KIND	OF BUSINE	SSOR
7	Towson		r Baltin		edica	l Center		F WORK FOR MOST O	WORKING L	IFE I INDUSTRI		
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE AGMISSION)								
	100 000	altimore	Towson		YES T	NO X		Theo L	ane			
	ATHER'S NAME	arcimor	10,000			R'S MAIDEN N		7 21100 2				
	FIRST	WIDDIE	LAST			FIRST		MIGDLE	2 ( A M o	_	AST	
14 - V	JOHN MALCOLM VAS DECEASED EVER IN U.S. AF			LIBITYNIC	12 01500		MEN /	ICTORIA		S		
		E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFOR		-44					
	No		1	None	Mr.	John M	. Gri	ffing J	r. S	ame as	# 13	
z	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	(c)	Bronchop  AS A CONSEQUE  Severe  INTRIBUTING TO	JENCE OF Premat	urity			ISEASE OR CON	DITION GI	VEN IN PART 1	la	
CERTIFICATION	190 DATE OF OPERATION	196 COND!	TION FOR WHIC	H OPERATIO	N WAS PER	FORMED		AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES 🛣	INGS USER S OF DEAT	TH?
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P./	n, month [ n.	DAY YEAR		100	RRED (EN	ITER NATURE OF INJUR	Y IN ITEM 18.	PART I OR PART 2)		
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY SET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCA STRE			CITY OR TOW	N	COUNTY	ST	ATE
	22a   certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	5/31	19_	70	/16 nd that in (g	19	death o	5/31 ccurred an the do	ite and ho		that (I) (v	_
	22b. SIGNAYURE		arrei deoiii.		DEGREE	ATTENDING PHYSICIAN		ICAL STAF			SIGNED	0
	22d. PHYSTCIAN'S NAME (TYPE C	OR PRINT)			22e ADDI							
	Charles (	. Brown,	M.D.		670	1 N. Ch		St., B	alto.	, MD	21204	
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23(	NAME OF C	EMETERY	R CREMATORY	23d.	LOCATION CITY OR TOWN		COUNTY	STA	ATE
	Burial	6/4/	79	Mt. Ma	ria C	emetery		Towson		land		
24. FL	JNERAL DIRECTOR							BY REGISTRAR			TURE	

Inc. 1050 York Road

1979

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral dishauld be detached for use as the burial-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 final with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any

Towson Funeral Home,

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the ottending physicion and completely filled in by the funeral director remove carbon popers. Pages 1 and 2 should be filed within 72 house.

njury, or ather troumatic event, the

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shows any

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9	_	1	0	8	7	5
7.		-			4	-		_

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		REG. NO.	79	-10	875
1 DE	CEASED NAME	FIRST		AIDDLE	L	AST		20. DATE OF DEATH MO	ONTH DAY	YEAR	2b. HOUR
(TYPI	E OR PRINT)	Mary	Le	ester	Gri	iffith		May 29,			м
3. SE	Х	4	RACE		5. DATE C		6	AGE (IN YEARS LAST BIRTHD	MON	THS DAYS	HOURS MIN
	Female		Whit	e	5	10 190	6	73	YRS.	Ins DATS	HOURS MIN
7a B	IRTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	9	BALTIMORE CITY OR	COUNTY OF	DEATH	
	North Care	olina	USA		WIDOWE			Baltimor	e Cou	nty	MD.
	ITY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION		120 USUAL OCCUPATION		126 KIND O	F BUSINESS OR
	en Arm, N		and $24$	Tree F	arm (	Court 2109	2	Reception	nist	Cato	n Manor
130.	IAL RESIDENCE (IF NURS STATE	136 COUNT	Υ	13c CITY OR TOW	/N	134 INSIDE CITY LIM	IIS? 1	3e. STREET ADDRESS			
	Md.	Balte	٥.	Towson	a	YES NO	_	305 E. Jo	ppa R	d.	
14. F	ATHER'S NAME UNKNOW!	n	DDLE St	rickland	1	15. MOTHER'S MAIDE Mabe		Lee		Unkne	own
160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS	S		Ct.
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	212-05	-1098	Mrs. Ca	rme	n Cossentin	no, 24	Tree	Farm
NOI	Conditions, if ony, gove rise to immrcouse (o), stofin underlying couse	, which nediate ng the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUER T A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A	ENCE OF	NOT RELATED TO THE	E TERMIN	NAL DISEASE OR CONDI	TION GIVEN	2 / S	Jys.
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED			20b. IF YES, W IN CERTIFYIN YES		
	21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21¢ HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2)	
MEDICAL	21d INJURY OCCUR		21e, PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	0	COUNTY	STATE
	220.1 certify the (1) forw (immediate) (6thory (1) (we) (1)	this hospital	9/5/	0 0 19			pinion de	oth occurred on the date	e and hour or		Townson in contrast of the con
	Lea	a	Til	lelma	in		ING	MEDICAL STAFF OTRECTOR   PHYSICIA	AN []	5/30	8/79
	George	0	355751	, M. D.		22e ADDRESS 1717	Yor	rk Road			
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMAT		23d LOCATION	COL	צזאש	STATE
	Burial	Many)	6-1-	79 G	arden	s of Faith					
	Martin D.	Laws	on, 10	W. Pad	onia I		JUN ]	REC'D. BY REGISTRAR 25	b. REGISTRA	AS SIGNATI	ure

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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H 110 304	byogmiled	OWNER OF		7-3	

## SISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10876	7	9 -	1	0	8	7	6
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2b. HOUR

126 KIND OF BUSINESS OR AT HOME

UNKNOWN

#21207

#21207

6.		9	- STA
M	)"1		1. DECEASI
0	0.0		3 SEY

20. DATE OF DEATH EDNAME MONTH 4 RACE 6 AGE | IN YEARS LAST BIRTHDAY) APRIL 5. 1912 FEMALE WHITE 67 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED RUSSIA BALTIMORE COUNTY DIVORCED 120 USUAL OCCUPATION HOUSEWIFE RANDALLSTOWN BALTIMORE COUNTY GENERAL BALTO. BALT IMORE 8309 MINDALE CIR., APT. C MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE REBECCA ISADORE 17 INFORMANT MR. MORTON HACKERMAN 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 8309 MINDALE CIR., APT. C. 216-44-0517 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY sac armic IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse Cardiovasunos CERTIFICATION 20h IF YES, WERE FINDINGS USED 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF ental Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (the hospital oftended the deceased from saw the deceased alive a and that in (my nian death accurred on the date and hour and from the causes states DEGREE 22b. SIGNATURE ATTENDING MEDICAL Should be detact with the State D PHYSICIAN DIRECTOR MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY)

DHMH - 16 50M 1/76 (VR A 15 (4))

BURIAL

MAY 18.

6010 REISTERSTOWN RD., BALTO., MD 21215

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC.

1979

BETH TFILOH

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MeCredy

COUNTY

22c. DATE SIGNED

MARYLAND

STATE

	1	FOR STATE REGISTRAR		H AND MENTAL HYGIENE TE OF DEATH	REG. NO 7 9 -	-10877
	1. DE	Wilbur	wHadde	eway 20 DA	TE OF DEATH MONTH	2 79 d
	3. SE	male	S DATE OF BRIT		C S YRS	MONTHS TEATS HOLE
33	L	me	WIDOWED [	DIVORCED	Sallo	Court
Oorling	-		NAME OF HOSPITAL HOSPING HOME OR OTH	k Ave R	eld mails	Howy
135	199	ALL WAR	YES YES	Total Art Control	2848 Cl	renoak
8/3/	1	Vilbur to	Haddaway	Elsie	MODIE OF	LAST
) medica	Ida V	THE HOUSE IN THE STATE OF THE S	PORCES? IN SOCIAL SECURITY NO. 17	lisabet	KNHaa	ldaway
ijury, or ather traumation	NOI	Conditions, if any, which gave rise to immediate couse (a), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF		evase D	VEN IN PART TIO
dub in	CERTIFICATION	1% DATE OF OPERATION	IN CONDITION FOR WHICH OPERATION WA	SERFORMED 20c		5, WERE FINDINGS US FYING CAUSES OF DE
8 04				YES		
S 9	₹	TIL ACCEPHI WAS UNDRIVED OF DEATH OF COMMINDUTING OF DEATH OF STITLES, NOTEY MEDICAL EXAMINES, THE STITLES, NOTEY MEDICAL EXAMINES, THE STITLES, NOTEY MEDICAL EXAMINES,	P.M. 19	HOW INJURY OCCURRED TH	□ NOO YE	NO NO
marked or them 18 shows	MEDICAL CER	ON CONTINBUTING CONTROL TEAMORE IN THE INTERNATION OF CONTROL TEAMORE IN THE INTERNATION OF CONTROL	HOUR A.M. MODERN DAY YEAR P.M. 19 716 PLACE OF INJURY (AT HOME STREET, VACTORS, CHRICE FAMILIES)	HOW INJURY OCCURRED TIN	□ NOO YE	NO NO
IT; If here 21 is marked or hem 18 shows	₹	ON COMMISSIONS OF DEATH  19 STHES, NOTEY MEDICAL EXAMINES  214 INJURY OCCURRED  WHILE  AT MOSE  224 Certify that (1) (this hospital)  Sow the delegated alloyeds  above, [Track lead, idid not) w  225 SIGNATURE  COMMISSIONS  226 SIGNATURE  COMMISSIONS  226 SIGNATURE  COMMISSIONS  227 SIGNATURE  COMMISSIONS  228 SIGNATURE  COMMISSIONS  228 SIGNATURE  COMMISSIONS  COMMIS	HOUR A.M. MCDHIT DAY YEAR P.M. 19 The PLACE OF INJURY (AT HOME STREET, FACTORY CHIECE FAMILY CO.)  Obtained the decreased from 19 Ty 79 (and hor saith DEGRE	OCATION SINES 19 68 to	TER HATURE OF PULLEY HITEM 18. F	PART I CRIPART I)
MPORTANT; If here 21 is marked or here 18 shows	MEDICAL	ON CONTINUENT OF DATE OF BEATH  19 ETHER, NOTE MEDICAL EXAMPLE)  714 INJURY OCCURRED  WHILE  AT MORE  ANORE  TO MYCHE  SOW the delegated always in  above. IT NOT INJURY OF  224 SIGNATURE  E24 FHYSICIAN'S NAME; price res  FRANK	HOUR A.M. MCDHIT DAY YEAR P.M. 19 The PLACE OF INJURY (AT HOME STREET, FACTORY CHIECE FAMILY CO.)  Obtained the decreased from 19 Ty 79 (and hor saith DEGRE	19 68 ho.  In (my) ( hopimion death as  E ATTENDING MEDI PHYSICIAN DIRECT ADDRESS HAY	TER HATURE OF PULLEY HITEM 18. F	COUNTY  19 That III or and from the causes

STATE OF MARYLAND

DHMH-16 60M 1:73 (VR A 15 (4))

17801-07 bearing a property in the course of the

ATTENDING PHYSICIAN: The low requires that the death

retained by the haspital or attending physicion

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, plandable detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumatic event, the medical examiner must be notified af ance.

# FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH STATE CERTIFICATE OF DEATH

7	9	_	1	0	8	7	8
	V		\$	0	-		

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	, - 1 0 0 1	
	CEASED NAME	FIRST	,	MIDDLE	Ł	AST	20 DATE OF D		DAY YEAR	26 HOUR
(ITPE	Jan	nes	A	loysiu	s	Hagan	May	25, 1	.979	8:00 A
3. SE			1 RACE		5. DATE C		6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	
	Male		Whit		-	27/1905 YEAR	73		YRS.	TICONS MIV.
Ja. B	RTHPLACE (STATE OR FORE	IGN		WHAT COUNTR	MARRIEI	NEVER MARRIED			UNTY OF DEATH	
	Maryland		U.S.		WIDOWE	DIVORCED	Balt		County	MD.
1	TOWSON	1	SE IN SUC	Joseph	SING HOME C	Spital		126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  Self-employed  Salvage		
13a .	AL RESIDENCE (IF NURSING TATE 13	Bal	TY.	GIVE RESIDENCE BE	FORE ADMISSION) DWN DN	13d. INSIDE CITY LIMITS? YES NO	13e STREET AD	onega	al Drive	21204
14. FA	ATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE	1	AST
	John	,		Hagan		Florence			Roger	
160 \	YAS DECEASED EVER IN		AED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS		
	NO			215.28	.6815	Helen S.	PeckS	Same a		
	18 CAUSE OF DEATH	Enter and	y one cause per	line for (a), (b),	andic	0	1.		BETWEEN	NIMATE INTERVAL HONSET AND DEATH
		MEDIATI		Laks	-e av	flomme par	afic w	lulys	m	
44/3 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if ony, which gove rise to immediate										
	couse (a), stating		DUE TO, O	R AS A CONSE	OUENCE OF					
In			( 10)							
Z	PART 2 OTHER SIGNIF	FICANTO	onditions <u>co</u>	DNTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION	N GIVEN IN PART 1	(a)
CERTIFICATION	190 DATE OF OPERATION	ON G	196 COND	ITION FOR WHI	. 1 1	N WAS PERFORMED	20a AUTOPS		IF YES, WERE FIND CERTIFYING CAUSE YES	
ERT	21a. ACCIDENT WAS UNDER	LYING	21b. TIME O	F INJURY	7-0-0	21c HOW INJURY OCCU				
	OR CONTRIBUTING CAL			M. MONTH M.	DAY YEAR	N/A				
MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE
X	WHILE NOT WHILE	E 🔲	AT HOME, ST	REET, FACTORY, OFF	CE, FARM, ETC.)	SIREET		1 OK 10WH	COUNT	SIAIC
	220.1 certify that (1) (t	his hospit	ol) ottended th	e deceased fro	m_5/3	4/79 . 19		120	19 79	, that (I) (we) last
13	sow the deceased above, (1) (we) (did	olive on,	) view the body	after death.	791, at	nd that in (my) (our) opinio	n death occurred	n the date an	d hour and from the	e causes stated
-	226. SIGNATURE	/				DEGREE		07.55	22c. DAT	ESIGNED
	u	y-an	me,	M.D.		ATTENDING PHYSICIAN	DIRECTOR _	STAFF PHYSICIAN [	D S	125/79
1	22d. PHYSICIAN'S NAM	AE LOPPE OR	PRINT)		. 0	22e ADDRESS	0 0		1. 0	D. Par
	ELMERA	1	1. DEJ	MME	M-12	St Josep	-h /jus	1. 76	20 Janke 1	id. , Maly
23 a	BURIAL, CREMATION, RE	MOVAL	23b. DATE		3c NAME OF	EMETERY OR CREMATORY	CITY OR TO	NWC	COUNTY	STATE
	Cremation		5/26/	1979	Green	Mount		timore		Mar.
24 F	uneral director	1	Dan - 3.3	ADDRESS	D-7:		111		EGISTRAR'S SIGNA	ATURE
Wa	arter Broc	OKS .	Bradle	y Inc.	Balto	o., Md. M	AY 2.8 19	10 1	entry Mc	Parad.

DHMH - 16 50M 7/77 (VR A 15 (4))

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		TANKS OF		
	Berg Service			
		Name and the last		

en signed by the ottending physicion and completely filled in by the funeral dis. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 limits or to buriol, cremation, or removal.

injury, or other troumotic event, the medical

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked or them 18 shows any injury TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN. The

retained by the hospital or attending physician.

#### STATE OF MARYLAND

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10879

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	79-10879		
I. DECEASED NAME (TYPE OR PRINT)		WIDDLE	LAST		MONTH DAY YEAR 26. HOUR		
W	ILIAM H	ENRY HALE		MAY	8, 1979 3:30 Am		
3 SEX	4 RACE	S. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN		
MALE	NEGR	O MA		77	YRS		
70. BIRTHPLACE (STATE OR FO		WHAT COUNTRY? 8 MARRII	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH		
VIRGINIA	USA	WIDOW HOSPITAL, NURSING HOME		BALTIMO 120, USUAL OCCUPATION	ORE COUNTY MD ON 126 KIND OF BUSINESS OR		
GLENARM	(IF NOT IN SU	CHEACHITY, GIVE STREET ADDRESS)  CLENARM ROA	<b>D</b>	(TYPE OF WORK FOR MOST OF			
MARYLAND	BALTIMORE	I GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN	13d. INSIDE CITY LIMITS?		ENARM ROAD		
14 FATHER'S NAME	HENRY	HALE SR.	15 MOTHER'S MAIDEN NAME FIRST MARGARE	MIDDLE	AMOS		
160 WAS DECEASED EVER I	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE			
YES	WW I	213 01 4097	MRS. MARY W	GREGG 550			
18 CAUSE OF DEATH PART I, DEATH WA	(Enter only one couse pe		. 4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	MMEDIATE CAUSE (0)	PNEUMON	//٢				
185-	DUE TO, C	R AS A CONSEQUENCE OF	· Donce	TIC CARC	10.44		
Conditions, if ony, gove rise to imm	ediote	METASTATI	C 1-105/A	I'C CARC	1201474		
underlying couse	couse (a), stoting the underlying couse lost (c) PUL MONARY METASTASES						
	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	DITION GIVEN IN PART 1(0)		
<u>NA</u>		EOTOMY OF	prox 2mo		Indian of MEC MEDE CO. In the Medical Co.		
190 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
190 DATE OF OPERAT	RLYING 7 216. TIME C	JE IN II IBA	21c HOW INJURY OCCUR	YES NO.	YES NO		
	AUSE OF DEATH HOUR A	M. MONTH DAY YEAR	The state of the s	CENTER HATORE OF INJUR	THE TOP TOP TON PART 2)		
JIF EITHER, NOTIFY MEDICA	D 21e. PLACE	.M. 19 OF INJURY	21f. LOCATION				
WHILE NOT WH AT WORK AT WOR	LE THOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY STATE		
22a.1 certify that (1)	this hospital) attended to d alive on MARCH	ne deceosed from 1973	, 19	death occurred on the do	te and hour and from the causes stated		
obove, (I) (we) (di	d) (did not) view the body	ofter death	DEGREE	ocom occorred on the do	THE DATE SIGNED		
Louis	Halilan	nan med	ATTENDING N	MEDICAL STAF	F		
22d PHYSICIAN'S NA	ME (TYPE OR PRINT)		22e. ADDRESS		,////		
Louis S	HALIKA	My W	200 W. (	OLD SPRI	NO LANE		
230 BURIAL, CREMATION, F			CEMETERY OR CREMATORY ND NAT. MEM. P	Zad. LOCATION CHYOR TOWN LAUREL	(PR. GEO.) MD. STATE		
24 FUNERAL DIRECTOR LEWIS T. CW	YNN 4517 PA	RK HEIGHTS AV		Y 11 1979	history to Cherry		

DHMH - 16 50M 7/77 (VR A 15 (4))

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<u>, 1</u>	Burther		X	Law	a uh na man
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don En	5,01 (1.	T.			مدائلة بكالمدا
2004		Tara San		i milali	Ant a seal of
CAM MALES	5501		3 61 457	21	ura.
	X				
	X				

executed within 24 hours ofter

FOR - STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10880

	REGISTRAK		CERTIFIC	TANK OF BEATH	REG. NO				
	CEASED NAME FIRST	MIE	DDLE LA	AST	20 DATE OF DEATH MO	ONTH DAY	YEAR 2	b HOUR	
(MPE	Carol	yn	M. HAL	LMAN	May 23, 1	.979		2:15p M	
3 SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY) IF UND		HOURS MIN	
F	'emale	White	Dec.	30°, 1898	80	YRS.	DATS	MIIV	
	IRTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF W	HAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	-4.00	
M	laryland	U.S.A	• WIDOWE	D DIVORCED	Baltimore			MD.	
	owson	LIE NOT IN SUCH I	DSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)  CONVALESCE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Reception	ORKING LIFE) 12b	DUSTRY.	BUSINESS OR	
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT		3c. CITY OR TOWN 21204	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ordia	Driv	ve .	
14 FA	THER'S NAME  Lee E	MIDDLE W	inchester	15 MOTHER'S MAIDEN NA FIRST Anna	ME MIDDLE	Нес	ckmar	n	
- 0	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	66 SOCIAL SECURITY NO. 219-01-4071	Dorothy W.	ADDRESS Noppinger			1204 ordiaD	
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per fi		Curpouryn,	sever dem		APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	AS A CONSEQUENCE OF	elevatie C	Valescon	_	154	n	
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DEATH BUT	real deple	liculos de	ION GIVEN IN	PART 1101		
CERTIFICATION	19a DATE OF OPERATION	196. CONDITI	ION FOR WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES			
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	AID	. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART I OI	R PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OI (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	со	UNTY	STATE	
3	27a. I certify that (1) (this hospital) attended the deceased from  Sow the deceased alive on  December 1979  above, (1) (we) lost on the date and hour and from the causes stated above, (1) (we) (drid) (did not) view the body ofter death.								
	226. SIGNATURE	1 100	elleur M.		MEDICAL STAFF DIRECTOR   PHYSICIA		21. DATE SI	GNED 1-79	
	Fredrick J.		r, M.D.	6100 York	Road 435-	7636			
230 Bu	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE May24,		emetery or crematory ore Cemete	23d LOCATION CITY OR TOWN  CY Baltimor	соинт	rvlar	STATE	
24. Fi	UNERAL DIRECTOR  LIiam E. Joh		21 Loch Rav	25a. DAT			CYCLERA	ready	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the bunal-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 mm with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physicion. BP DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1088	
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Anna L. Hammel May 8, 1979  3. SEX  Female  White  Nov. 1,1893  76. BIRTHPLACE (STATE OF FOREION COUNTRY)  MARY land  U. S. A.  WID CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF SECONIC REFORE AND SECONIC WORKING LIFE)  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, GOVE WAS OR DATE)  18. CAUSE OF BIRTH  NOV. 1,1893  85  WARRIED NEVER MARRIED OR EVER MARRIED OR SEVER MARRIED O	
Anna I. Hammel May 8, 1979    A   RACE     S   DATE OF BIRTH   DAY   YEAR   MONTH   NOV.   1, 1893   REST   MONTH   NOV.   1, 1893   REST   MONTH   REST   M	HOUR
Female  White  Nov. 1,1893  85  YRS  Wilder Year  Worth  Nov. 1,1893  85  YRS  Wilder Year  Nov. 1,1893  85  YRS  Worth  Nov. 1,1893  85  YRS  Worth  Nov. 1,1893  85  YRS  Worth  Nov. 1,1893  85  YRS  Nov. 10 Age of the pint of worth of the pint of the pi	130 P. M.
The BIRTHPLACE (STATE OR FOREIGN COUNTRY)   The COUNTRY	UNDER 24 HRS
Baltimore  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Valley View Nursing Home  (ITYPE OF WORK FOR MOST OF WORKING LIFE) Valley View Nursing Home  (ITYPE OF WORK FOR MOST OF WORKING LIFE) (ITYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) (ITYPE OF WORK FOR MOST OF WORK FOR MO	MD
Maryland    136 COUNTY   Baltimore   136 CITY OR TOWN   Baltimore   136 INSIDE CITY LIMITS?   136 STREET ADDRESS   507 Groom Drive 21204      14 FATHER'S NAME   FIRST   MIDDLE   LAST   Dietz   S. MOTHER'S MAIDEN NAME   FIRST   Anna   Janse      160 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     18 CAUSE OF DEATH   Enter only one couse per line for 10 fb., and ic     19 COMPANY   C	
Henry  Ida, WAS DECEASED EVER IN U.S., ARMED FORCES? (IF VES, NO OR UNKNOWN) (IF VES, GIVE WAR OR DATES)  NO  REPROTE Anna  Janse  ADDRESS  Albert E. Hammel, Same As \$XX #13e  REPROTECTION OF LAST OF COMMENT AND ADDRESS  Albert E. Hammel, Same As \$XX #13e  REPROTECTION OF LAST OF COMMENT AND ADDRESS  APPROXIMATE AND APPROXIMATE BETWEEN ONSE  Conditions, if ony, which gove rise to immediate couse in , stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF COMMENT AND ADDRESS  DUE TO, OR AS A CONSEQUENCE OF COMMENT AND ADDRESS  APPROXIMATE AND ADDRESS  Albert E. Hammel, Same As \$XX #13e  DUE TO, OR AS A CONSEQUENCE OF COMMENT AND ADDRESS  DUE TO, OR AS A CONSEQUENCE OF COMMEN	
(YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  216-32-2143A  Albert E. Hammel, Same As \$XX #13e  18 CAUSE OF DEATH (Enter only one couse per line for 10/16), and ic part 1. DEATH WAS CAUSED BY:  (Conditions, if ony, which gove rise to immediate couse 10, stating the underlying cause last.  (C)  DUE TO, OR AS A CONSEQUENCE OF	en
PART I. DE ATH WAS CAUSE BY:  IMMEDIATE CAUSE (b)  DUE TO, OR  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	les
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO Y	
216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. TIME OF INJURY   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   216. HOW INJURY IN ITEM 1	
WHILE NOT WHILE   NOT WHILE   (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
22a. I certify that (I) (this hospital) attended the deceased from	ses stated
Charles F. O'Donnell M. D. 7501 York Road, Towson, Maryland	979

BP\_\_\_

TO HOSPITAL OR ATTENDING PHYSICIAN The low

retained by the haspital ar attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If them 21 is marked or Item 18 shows

(SPECIFY)

Burial

24. FUNERAL DIRECTOR

Parkwood Cemetery

Parkville, Balto. Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 2120411 1 5 1970

5-10-79

executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital ar attending physician.

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### FOR DEPARTMENT

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OF HEALTH AND MENTAL HYGIENE		-,	0	1	0	0	0	0
RTIFICATE OF DEATH	200 110	1	y		U	U	8	1
	REG. NO.		_					

		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	9-10002
1		CEASED NAME FIRST OR PRINT)	HER 1. RACE	A a	5. DATE C	LNEY F BIRTH	May 8,	DAY YEAR 26 HOUR 1979 215
		F	w		MONTH 3	DAY YEAR	85 YRS	MONTHS DAYS HOURS
35"		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	Baltimore city or county	OF DEATH
5		Y OR TOWN OF DEATH			G HOME C	or other institution al Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	17b. KIND OF BUSINES INDUSTRY
33	13a S	Maryland Car		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Finks b	N	13d INSIDE CITY LIMITS?	2668 Old Westmi	inster Pike
160	I4 FA		MIDDLE H.	Kidwel	1	orphae	MIDDLE	Shipley
2		VAS DECEASED EVER IN U.S. AR es, no or unknown) (IF yes, giv	MED FORCES? E WAR OR DATES)	218-52-		Gene A. Hand	ey 2668 Old West	tminster Pik
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)_	R AS A CONSEQUE		Pulmons	TAY DISTASSE	
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
	TIFICATION	PART 2 OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED
100	ICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	19b. COND  21b. TIME C HOUR A	OF INJURY M. MONTH DA M.		N WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO
100	CAL	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. COND  21b. TIME C HOUR A P. 21e PLACE	OF INJURY M. MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED	20g. AUTOPSY?  20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO
- CO (F		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER;  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this hasp saw the deceased alive an obove, (1) (we) [did) [did hed]	21b. TIME CHOUR A HOUR A P. 21c PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET  19 10 that in (my) (aur) opinion of	20g. AUTOPSY?  YES NOW YES  YES NOW THE PROPERTY OF INJURY IN ITEM 18, P.	S, WERE FINDINGS USED YING CAUSES OF DEATH 5 NO ART I OR PART 2)  COUNTY STATE 19 that (I) (we read from the causes state
	MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hasp saw the deceased alive and	21b. TIME COND  21b. TIME COND  21c PLACE (AT HOME, ST  stal) oftended th	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET	200. AUTOPSY?  YES NO NO NOTE:  YES NO NO NOTE:  YES CITY OR TOWN  7, 10	S, WERE FINDINGS USED EYING CAUSES OF DEATH S NO ART LORPART 2)  COUNTY STAIL
7	MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHIE AT WORK AT WORK AT WORK AT WORK Sow the deceased olive on obave, (1) (we) (did) (did no	21b. TIME COND  21b. TIME COND  ATH  P.  21c PLACE (AT HOME, ST  atal) oftended th  atal) view the body	OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F.  Atter death.  19	OPERATION  19  ARM, ETC)  1, OR	216. HOW INJURY OCCURS 216 LOCATION STREET  19 10 that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  200 IF YES IN CERTIFYES IN CERTIFYES OF INJURY IN ITEM 18, P.  CITY OR TOWN  CITY OR TOWN  About the date and hour MEDICAL STAFF	S, WERE FINDINGS USED PYING CAUSES OF DEATH 5 NO ART I OR PART 2)  COUNTY STAIL 19 14 (I) (we read from the causes state

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DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please remave co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumat

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requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

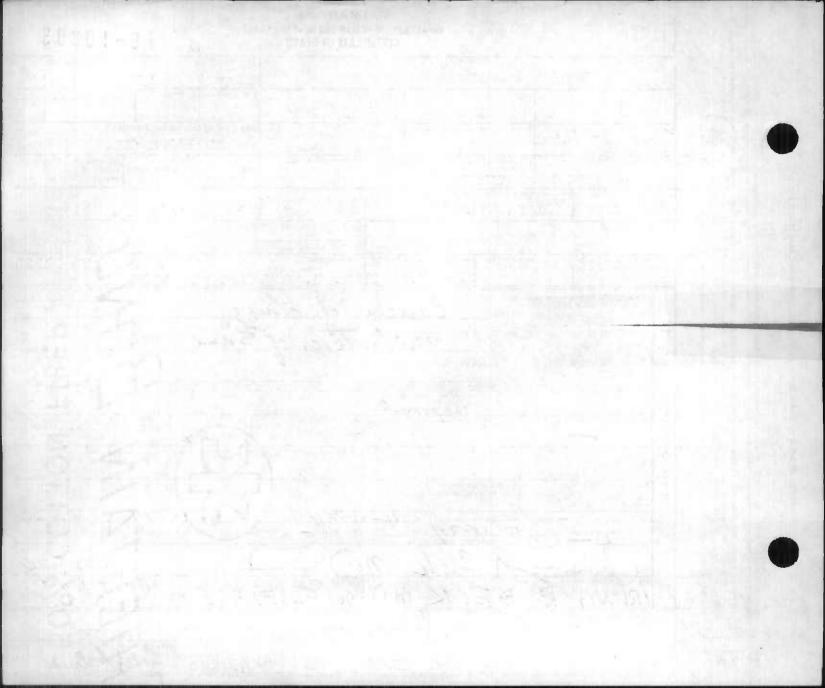
#### STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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1	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. 1	7 9	-108	83
		CEASED NAME FIRST OR PRINT) WILLIAM		'RED	HANI	NA	May 24,	197		2b HOUR A 4:30 M
	3. SEX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BI			IF UNDER 24 HRS
		MALE	WHI	TE	120	21/1899	79	YRS.	ONIHS DAYS	HOURS MIN
5	Sp	RTHPLACE STATE OR FOREIGN PAIRTOWS Point	76 CITIZEN OF U.S	A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	BALTIM		OUNTY	MD.
1	10 61	DDLE RIVER	(IF NOT IN SUC	HOSPITAL, NURSING HACILITY, GIVE STREET A		DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST FOREMAN	OF WORKING LIFE	INDUSTRY	BUSINESS OR
7		AL RESIDENCE (IF NURSING HOME OF A TATE 136 COURT BAL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW DUNDALK	ADMISSION) N	13d, INSIDE CITY LIMITS?	31 Kins	hip R		.222
	14. FA	JOHN	MIDDLE	HANNA		ELIZABET	WIDDLE		McBR	
1		VAS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIVE NO	MED FORCES? (WAR OR DATES)	213.07.		WM. H. ROV			ALK MD WAY	21222
		Conditions, if any, which gave rise to immediate cause 10, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O	R AS A CONSEQUE	ela ence of	Tieses of	Same	ndition Give	EN IN PART Ita	
	ATION	190 DATE OF OPERATION 196 CONDITION F			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h JE YES	. WERE FINDING	GSTISED
2	CERTIFICATION				OFERATIO		YES NO S	IN CERTIFY YES	YING CAUSES C	
7	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DE INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE ON OT WHILE OF AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (1) (min hospital) attended the deceased from 4 74 19 to 5 2 8 - 7419 , that (1) (min) lost saw the deceased alive on 4 19 and that in (my) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and from the causes stated above (11) and (11) (min) apinion death accurred on the date and hour and (11) (min) apinion death accurred on the date and hour and (11) (min) apinion death accurred on the date and hour and (11) (min) apinion death accurred on the date and hour and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on the date and (11) (min) apinion death accurred on								
		22b SIGNATURE	RI	Blek	n	ATTENDING PHYSICIAN E	MEDICAL STA		221. DATE S	574
		IRVING R	BE	FCKI	n1)	901 FUSE	LAGEA	V Bu	リナが	0
		urial, cremation, removal URTAL	23b. DATE 5/26/		IAME OF C	EMETERY OR CREMATORY  SHIP CEMETE	23d LOCATION CITY OR TOWN ERY FALLS	TON H	ARFORD	STATE
		INERAL DIRECTOR		ADDRESS		, 25a. DAT			RAR'S SICMATU	
	WA	LTER BROOKS	BRADLE	Y INC I	DUNDA	ALK MD MA	1 28 19/9	pirta	rey/XCh	eady

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



# within 24 hours ofter executed requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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REG. NO.	- 8	V			U	0	V	1

	REGIS	RAR			CERTIII	CAIL OI DEATH	REC	3. NO.	3 - 10	004
300	1. DECEASED	NAME FIRST	,	AIDDLE	LA	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	25 HOUR
	(TYPE OR PRINT)	WII	LIAM	E.		HANSON	MAY 26	, 1979		8:20
	3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAS		IF UNDER TYEAR	IF UNDER 24 H
35	MATA		WHITE		Nov		75	YRS.	MONTHS DAYS	HOURS M
-36		E STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
34	MD		U.S.	Α.	WIDOWE		BALTIMO	DRE COU	JNTY	
	10 CITY OR TO	OWN OF DEATH	11. NAME OF	OSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCU			F BUSINESS
5/	T(	WSON		IOSEPHS	HOSP	TITAT	ACCOUN		B&O	RR
	USUAL RESID	ENCE (IF NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)					
2F	MD.	13b. CO	LTO.	TOWSO!		13d INSIDE CITY LIMITS?	701 NO	ss RTH BEI	ND RD.	
	14 FATHER'S	VAME		U-P-LV		15 MOTHER'S MAIDEN NA	ME			
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	160 WAS DEC	EASED EVER IN U.S.		16b SOCIAL SECU	IRITY NO	17 INFORMANT	JA.	DDRESS		
	NO OR	UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	820-03-	eradii.	GLADYS N	NT DO	mouto	CON M	77
5						ARDIAC ARRE		TOWS		MATE INTERVAL ONSET AND DEA
ì	18 CAE	ISE OF DEATH Enter	only one couse per SED BY:		r di a	/\			BETWEEN	ONSET AND DEA
eve	11	IMMED	ATE CAUSE (a)	Ca	zau a		73771450	57037		
ofic	4	0-	DUE TO, OI	R AS A CONSEQUE	ENCE OF	MYOCARDIAI			~	
E .		ions, if ony, which	( (b)_	A	c - 1	140 carde	~	ercho	0)	
-		rise to immediate	DUETO	R AS A CONSEQUE	ENCE OF C	CORONARY	INSUFFIC			
oto	under	ying couse lost.	1000.00		(	Coronaly	Insuf	huene	7/	
0	PART 2	OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	N IN PART 1	a)
0	N O				75191					
, —	CERTIFICATION 19a DA	E OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTOPSY?		, WERE FINDI	
× 2	FE						YES NO		YING CAUSES	OF DEATH?
8 sho	21g, AC	IDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR				110 []
B 1 B	OPCON	TRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D						
÷	2	R, NOTIFY MEDICAL EXAMIN	P.: 21e. PLACE		19	21f LOCATION				
o p	WHILE	NOT WHILE		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY O	RTOWN	COUNTY	STATE
orke	AT WORK	AT WORK								
ē.	22a.1 ce	rtify that (I) (this ha	pridigiveded	deceased fram	AY 2	+ 79	, toMA			thoXIX (we)
7	sav	the deceased always ove, (1) (4) (did) (ald	not) view the body	after death.	on.	d that in (my) (our) opinion	death accurred on the	ne date and hav	ir and from the	causes stated
He-H		NATURE	- () no (	-~		DEGREE M.D	and the second	12 100	22c. DATE	
=	(	12 am	ac 1			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF YSICIAN []	5-2	6-79
Z	22d. PH	SICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS				
MPOKIAN I	100	Kama	1 TA	111/1	n. D.	ST. JOSE	EPHS HOS	PITAL .	TOWSON	MD.
¥	22- 0110161	15///11/	L 011	122	LAME OF C	1	23d LOCATION			,
	(SPECIFY)	CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
-	BURIA		5-29-			RINITY	KINGS		BALTO.	MD
7	24 FUNERAL NAME	DIRECTOR		ADDRESS	1905	YORK RD 350 MA	F REC'D. BY REGIST	KAR 750. REGIST	FAR'S SIGNAT	Prende
141	H.W.	<b>JENKINS</b>	& SONS			. MD. [19] F	11 40 19/9	ary!	Licher	- arry

40001-21		District Control		
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NE OTHER BALLY.		Photo and	7-12-31 10-21-08 w 2	

and completely filled in by the funeral direct loges I and 2 should be filed within 72 hours

corbonpapers. Pages 1 and 2, ar removal.

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

morked or Hem 18 sh

IMPORTANT: If Hem 21 is

After this certificate has been

ATTENDING

TO HOSPITAL

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-10885

	REGISTRAR				CERTIF	ICATE OF DEATH	REG NO	o. •			
	CEASED NAME	FIRST	1	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOU	JR
(1111)	CLA	RENC	= 1		HA	ARE . JR.	0	)5 3(	0 79	4 . 1	OP M
3. SE			4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	# UNDER	R 24 HRS
	Male		Whi	te	June	2,1913 YEAR	65	YRS	AONTHS DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	,	
	Maryland		U,S	.A.	WIDOWE		TOWASON	/ B	altimo	re	MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		125. KIND O		ESS OR
_	BALTIMORE	/	6701 1	V. CHARL		FREET	Architect	WORKING (IFE	INDUSTRI		
13a_	AL RESIDENCE (IF NURS STATE Maryland	HJB COUN		Baltimon	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3036 Woods	ring A	ve		
14. F.	ATHER'S NAME					15 MOTHER'S MAIDEN NA					
	Clarence	)	E.	Hare Hare		Carrie	WIDDLE		? '^	ST	
	WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS			
,	No	(IF YES, GIVE WAR OR DATES) 212-12-2657 Mrs Antonetta Hare Same						me			
	18 CAUSE OF DEAT PART I. DEATH W	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a). A CUTE MYOCARDIAL INFARCTION							BETWEEN	ONSET AND	RVAL O DEATH
	4/0 - DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony,		(b)	ARTERIOSCLEROTIC CARDIOVASCULAR							
	couse (a), statin underlying cause	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	U	ISEASE				
	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	EN IN PART 1	0	
CERTIFICATION											
ICA	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		
RTIF	24 - 12 13						YES NO	YES		NO [	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH 216. TIME O	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART		
MEDICAL	21d. INJURY OCCURE	· · · · · · · · · · · · · · · · · · ·	21e PLACE	OF INJURY	,,,	211. LOCATION	CITY OR TOW		COUNTY		
*	AT WORK AT WO	RK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREET	CITORIOW	N	COUNTY	Si	TATE
	220.1 certify that (1)	(this hospit	ol) ottended the	e deceased from	_	05/29 19 79	9_, 1005/	30	9.79	that (I) (	we) lost
	sow the decease				9 . 01	nd that in (my) (our) apinion	death accurred on the do	te and hour	and from the	couses str	oted
	22b. SGNATURE	100	10	11		DEGREE ATTENDING	MEDICAL STAF		30 W	SIGNED	979
	22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT	w u		PHYSICIAN [	DIRECTOR PHYSIC	IAN 🔄		my 1	1/
	DR. NA	THAN	M. ROS	SENBLUM		GREATER BAI	LTIMORE ME	DICA	L CON	TER	

retained by the hospital or BP\_ DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR

(VR A 15 (4))

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23h. DATE 6/2/79

231 NAME OF CEMETERY OR CREMATORY Parkwood

23d LOCATION
CITY OR TOWN
Baltimore,

Leonard J Ruck Inc. Baltimore, Maryland

CLEERSE E. E. HARRY J. . .

10 CO 11 CLTA. 3 DEWIN 03 LIA

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filed within 72 hours after deat with the State Dept of Health and Mental Hygiene priar to burial, cremation, or remayal.

oth. Page 4 may be

within 24 hours ofter

executed

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

of once.

notified

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IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		E REG. NO	79-	108	86	
(TYPE	CEASED NAME ORPRINT)	Paul		S',	-11-	asi ny for	20.	DATE OF DEATH	5 - 20	YEAR - 74	3 P	M
3. SE	Male		RACE Wh	le	S DATE C	DAY Y	EAR 104	AGE (IN YEARS LAST BIRTI	YRS.		IF UNDER 24 HRS	
2	7	d	U. S	A.	MARRIED		ED	Balli	une C	mili	1	AD.
		rose	Tave	HEACILITY, GIVE STRE	of Hon	ROTHER INSTITUTION		Levis Const		NDUSTRY	er Co	
130 5	AL RESIDENCE (IF NURS	136 DAL		130 CIT OR TO	WN//	13d INSIDE CITY LIA YES NO	<b>2</b>	STREET ADDRESS	HURS	ing	Home	
	SHE OF THE STATE O	eL MIDI	H.	ARRING	Ton		ARA	M. NODLE	D	Paw	ers	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA		212-03	CURITY NO 2953 A	17 INFORMANT FLOW	REHC	e G HAI	aring low		MATE INTERVAL	ik
NOI	Canditions, if any, gave rise to imm couse (a), statin underlying cause	nediote ng the last.	DUE TO, OR	RAS A CONSEO	C OF	Stueline NOT RELATED TO TH	ve Po	almany ulation	disease of the second s	N PART III	2)	_
CERTIFICATION	19a DATE OF OPERA	TIÓN	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b IF YES, WI IN CERTIFYING YES	ERE FINDING CAUSES	OF DEATH?	
MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.  21d. INJURY OCCURE WHILE NOT WI AT WORK AT WO	CAUSE OF DEATH ALEXAMINER) RED	P.A 21e PLACE C	A. MONTH	DAY YEAR 19 E, FARM, ETC.)	211 LOCATION STREET	OCCURRED	(ENTER NATURE OF INJUR		OR PART 2)	STATE	_
	228. J certify thou sow the deceose above, (I) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	ad alive on did (dd by by	5. 20 siew the body	) 19	79.00	DEGREE The physic results of the physic resu	DING M	to	F			- 9
230 B	BURIAL, CREMATION, SPECIFY)  PURIA	REMOVAL	36. DATE 5-22		NAME OF CH	EMETERY OR CREMA	ATORY I	23d. LOCATION A	250 00	NTY	Mathie	=
24 FL	INERAL DIRECTOR	HERAL (	Chapel	23.2	SYORK	Rd	250. DATE RE	2.4 1979		SSIGNATI		

MAY 2 4 1979

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DHMH - 16 50M 7/77 (VR A 15 (4))

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S. Horsen Land Committee Co.			
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Jak . Ad		18/18/19	
		4. 6 Esta 1146	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 shauld be filed within 72 hours after

should be detoched for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and with the State Dept, of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exam

notified of once.

#### FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	 1	0	8	8	7

WALTER R. HARRIS  EX. WHITE S. DALE OF BRITT MADE OF BRITT	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10.	100	01	
MALE  MALE  MHITE  MALE  MHITE  MARRIED  MARRIED  MARRIED  MHITE  MARRIED	1 DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	2b HOU	R (Nos
MALE  WHITE  BRITHPLACE (START DETROGRED  OS 18	(TIPE OR PRINT)	WALT	ER	R.	НА	RRTS			5 2	4 79	12.	35 PM
MALE BERTPHACE (SATE OFFICIAL OUNTRY)  ARCHITAND  U.S.A.  WDOWED DORCED  U.S.A.  WDOWED DORCED  BALTIMORE COUNTY  MARYLAND  U.S.A.  WDOWED DORCED  BALTIMORE COUNTY  MARYLAND  U.S.A.  WDOWED DOWGRED  BALTIMORE COUNTY  MARYLAND  U.S.A.  WDOWED DOWGRED  BALTIMORE COUNTY  MARYLAND  U.S.A.  WDOWED DOWGRED  BALTIMORE COUNTY  MANDALLSTOWN  BALTIMORE COUNTY  MANDALLSTOWN  BALTIMORE COUNTY  BALTIMORE COUNTY  MANDALLSTOWN  BALTIMORE COUNTY  MANDALLSTOWN  BALTIMORE COUNTY  BALTIMORE COUNTY  BALTIMORE COUNTY  MANDALSTOWN  MINISTER  WINISTER  WINIST	3 SEX		-		5. DATE O	OF BIRTH		6 AGE IN YEARS LAST BIR	_			
BEITHPLACE (SAME ORTORISON COUNTRY)  MARYLAND  U.S.A. WIDOWED DIVORCE B DIVO	MALE		WH	[TE				1 7	70	ONTHS DAYS	HOURS	MIN
MARY LAND  U.S.A.   WIDDWED   DIVORCED   BALTTMORE COUNTY   The JUSTIAL JURS HOST HOME OF OTHER INSTITUTION ((#NOT HASDCHACUTE, OWN STREET ADDRESS)   The JUSTIAL JURS HOST HOST HASDCHACUTE, OWN STREET ADDRESS OR STREET ADDRESS OR STREET ADDRESS OR STATE   THE COUNTY GENERAL HOSPITAL   THE STREET HOSPITAL   THE STREET ADDRESS OR STATE   THE STREET HOSPITAL   THE STREET ADDRESS OR STATE   THE STREET HOSPITAL   THE STREET ADDRESS OR STATE   THE STATE   TH	To BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	XX		9 BALTIMORE CITY	1110	OF DEATH		
CITY OF TOWN OF DEATH  RANDALLSTOWN  BALTIMORE COUNTY GENERAL HOSPITAL MOSSING HOME OF OTHER INSTITUTION (PROT OF MOST OF WORKING WIS OF WORK			U. S	S.A.				BALTIMORE	COUNT	Y		MD
RANDALISTOMN BALTIMORE COUNTY GENERAL HOSPITAL MINISTER UNITED METHOD  JUAN RESIDENCE   PROJECT OF THE STATE METHOD DESCRIPTION OF THE STATE ADDRESS DISTAL  JESSE   NO.   18 COUNTY   18		EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME		ITUTION				F BUSINE	
JUAN LES JEINCE   IPANDADON CONTROLLING   138 COUNTY   13	RANDALLST	OWN	1			ERAL HO	SPITAL		JF WORKING LIFE		ED M	ETH-
MARYLAND BALITMORE ARBUTUS  YES   NOX   5628 ASHBOURNE ROAD, 21227  FATHER'S NAME  (1831	USUAL RESIDENCE HEN	URSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			12. STREET ADDRESS		ODIST	CHU	RCH
FATHER'S NAME TESS THARRIS THA						1			OURNE			
JESSE	14 FATHER'S NAME	T DIXI					MAIDEN NA	ME				
WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, MODEL UNKNOWN)  18 CAUSE OF DEATH Enter only one couse per line for ion, i.b. and i.c.  18 CAUSE OF DEATH Enter only one couse per line for ion, i.b. and i.c.  19 PART I DEATH WAS CAUSE BY.  IMMEDIATE CAUSE ION  IN DUE TO, OR AS A CONSCOURCE OF CONTRIBUTION SOUTH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ION  19 DATE OF OPERATION  10 CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  20 CONTRIBUTING CAUSES OF DEATH?  21 DATE OF OPERATION  21 DATE OF OPERATION  19 DATE OF OPERATION  10 CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21 DATE OF OPERATION  10 CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21 DATE OF OPERATION  11 DATE OF OPERATION  12 DATE OF OPERATION  13 DATE OF OPERATION  14 DATE OF OPERATION  15 DATE OF OPERATION  16 CAUSES OF DEATH?  21 DATE OF OPERATION  21 DATE OF OPERATION  22 DATE OF OPERATION  23 DATE OF OPERATION  24 DATE OF OPERATION  25 DATE OF OPERATION  26 DATE OF OPERATION  27 DATE OF OPERATION  28 DATE OF OPERATION  28 DATE OF OPERATION  28 DATE OF OPERATION  29 DATE OF OPERATION  20 DATE OF OPERATION  21 DATE OF OPERATION  21 DATE OF OPERATION  22 DATE OF OPERATION  23 DATE OF OPERATION  24 DATE OF OPERATION  25 DATE OF OPERATION  26 DATE OF OPERATION  27 DATE OF OPERATION  2			WIDDLE		TS							
IS CAUSE OF DEATH Enter only one cause per line for ion ib, and ic  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE IO:  DUE TO OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse los:  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  If DATE OF OPERATION.  IF DATE OF OPERATION.  IF DATE OF OPERATION.  IF DATE OF OPERATION.  IF DATE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  If INJURY OCCURRED  NOT WHILE OF INJURY IN BUT TO CHARACTORY, OFFICE, FARM, ETC.)  IN SIGNIFICANT CONDITION STATE  AT WORK A MONTH DAY YEAR AT WORK A MONTH DAY YEAR AT WORK A MONTH DAY YEAR AT WORK A MONTH DAY OF PRINTING  IF DATE OF OPERATION.  IF IN PLACE OF INJURY IN INJURY OCCURRED  NOT WHILE A MONTH DAY YEAR AT WORK A MONTH DAY Y	160 WAS DECEASED EV			<u> </u>					ESS			
B CAUSE OF DEATH   Enter only one cause per line for io), ib, and ic   PART   LOEATH WAS CAUSED BY   IMMEDIATE CAUSE 10    DUE TO, OR AS A CONSEQUENCE OF   Conditions, if only, which gove rise to immediate couse to immediate couse in oil, stating the underlying cause lost, stating the underlying cause lost.   CIRRHOSIS of THE LIVER   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to   PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19b, CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19c DATE OF OPERATION   19b, CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19c DATE OF OPERATION   19b, CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19c DATE OF OPERATION   19b, CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19c DATE OF OPERATION   19b, CONDITION FOR WHICH OPERATION WAS PERFORMED   20b, AUTOPSY?   20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     19c DATE OF OPERATION   19c DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 1		[IF YES, G	IVE WAR OR DATES)	217-1/-	1246	HELEN	E. HA	RRTS. 8 DAV	TD LEE	COURT	. 21	228
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cover 10, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  INDEPTRIES OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OPERAT (PETINER NOTIFY MEDICAL EXAMPLE)  216 ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OPERAT (PETINER NOTIFY MEDICAL EXAMPLE)  217 ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OPERAT (PETINER NOTIFY MEDICAL EXAMPLE)  218 FLACE OF INJURY (A) HOWE, STREET, FACTORY, OFFICE, FARM, ETC.)  219 SOW the deceased alive on obove, (1) (we) (dd) (did not) view the body offer death).  210 ADDRESS  PHYSICIAN'S NAME (TYPE OR PRINT)  211 ACCIDENT WAS UNDERSTING.  212 ADDRESS  PHYSICIAN'S NAME (TYPE OR PRINT)  213 NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM. PK.  214 CORMANDOR  215 NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM. PK.  216 LIKERIDGE HOWARD MARYLAND  10 DECREMENT  10 CONTROLLING  11 DECREMATION, REMOVAL  11 DECREMENT  12 DECREMENT  12 DECREMENT  12 DECREMENT  12 DECREMENT  12 DECREMENT  12 DECREMENT  13 DECREMENT  14 DECREMENT  15 DECREMENT  16 DECREMENT  17 DECREMENT  17 DECREMENT  18 DECREMENT  19 DECREMENT  19 DECREMENT  19 DECREMENT  19 DECREMENT  10 DECREMENT  10 DECREMENT  10 DECREMENT  10 DECREMENT  11 DECREMENT  12 DECREMENT  12 DECREMENT  13 DECREMENT  14 DECREMENT  15 DECREMENT  16 DECREMENT  17 DECREMENT  18 DECREMENT  19 DECREMENT  19 DECREMENT  19 DECREMENT  19 DECREMENT  10 DECREMENT  1	T	ATM :Enter :	anly one chure nec			1 11111111	L 101	MILES O				
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 10st stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  [18] DATE OF OPERATION  [19] CONDITION FOR WHICH OPERATION WAS PERFORMED  [18] ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO DEATH (IF EINER NOTHER MEDICAL EXAMINER)  [19] HOUR A.M. MONTH DAY YEAR P.M.  [19] HACE OF INJURY (IF EINER NOTHER MEDICAL EXAMINER)  [18] INDIVING COLURRED  [18] INDIVING CAUSEO OF DEATH?  [19] INDIVING CAU	PART I. DEATH	WAS CAUS	SED BY	1.		ILURE				BETTTELIS	DINGET AND	OCAIII
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  19a DATE OF OPERATION	1191	IMMED I	ATE CAUSE 10	FEFTOTE								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION IP COUNTY OR COUNTY OR COUNTY STATE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION WAS PERFORMED  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING 100 DATE 100 DAT	0/13		DUE TO, O					- 1				
DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost   DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?    YES   NO   YES   NO   YES   NO    210 TIME OF INJURY OR CONTRIBUTING   CAUSE ODEATH   P.M. MONTH DAY YEAR   P.M. 19  211 INJURY OCCURRED   190 PART 1 OR PART 1 OR PART 1 OR PART 2)  212 IN LOCATION   STREET   STREET   STREET   STREET   STREET   STREET    213 INJURY OCCURRED   190 PART 1 OR PART 1 OR PART 2)  214 INJURY OCCURRED   190 PART 1 OR PART 2)  215 INJURY OCCURRED   190 PART 1 OR PART 2)  216 INJURY OCCURRED   190 PART 2)  217 INJURY OCCURRED   190 PART 2)  218 INJURY OCCURRED   190 PART 2)  219 PART 2 OR ON THE SIGNED   190 PART 2 OR ON THE MILE AND TH			( b)_	CIRRHOS	11 0	F 72		IVER				
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190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED   YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   Y	underlying car	ose lost	1000.0	K NO N CONSEGUE	.,,,,,,							
190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED   YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   Y	PART 2 OTHER S	IGNIFIC ANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	UNAL DISEASE OR CON	IDITION GIVE	EN IN PART 10	0.	
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OCCONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFFY MEDICAL EXAMINER)  P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.	A 190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?				
COUNTY STATE  TO CONTRIBUTING   CAUSE OF DEATH   COUNTY MEDICAL EXAMINER)   CITY OR TOWN   COUNTY    The state   CITY OR TOWN     E	X				/		YES TO NOTE					
COUNTY STATE  TO CONTRIBUTING   CAUSE OF DEATH   COUNTY MEDICAL EXAMINER)   CITY OR TOWN   COUNTY    The state   CITY OR TOWN     210 ACCIDENT WAS	UNDERLYING	21b. TIME C	F INJURY		21c. HOW IN.	JURY OCCURE						
270 1 certify that (1) (this haspital) attended the deceased from 5/24/19 75, to 1/24/19 79, that (1) (we) lost sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.  272 DEGREE PHYSICIAN DIRECTOR PHYSICIAN DIR	OR CONTRIBUTION		EATH HOUR A.	M. MONTH DA								
270 1 certify that (1) (this haspital) attended the deceased from 5/24/19 75, to 1/24/19 79, that (1) (we) lost sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.  272 DEGREE PHYSICIAN DIRECTOR PHYSICIAN DIR	0				19	211 LOCATIO	N					
270. 1 certify that (1) (this hospital) attended the deceased from Style 1971, to Style 1971, that (1) (we) lost sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.  272. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  272. DATE SIGNED  272. DATE SIGNED  273. PHYSICIAN'S NAME (TYPE OR PRINT)  THE AGOOD  BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  BURIAL  05-29-79  MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MARYLAND		WHILE X			ARM, ETC.)			CITY OR TO	WN	COUNTY	51	TATE
sow the deceased alive on obove. (I) (we) (did) (did not) view the body ofter death.  275. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR						5/51/	15	5/	v. /	-39		
Obove, (I) (we) (did) (did not) view the body ofter deoth.  272b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  272c. DATE SIGNED  5/24/19  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  THE AGOOD  BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  BURIAL  O5-29-79  MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MARYLAND			· ·		25	71 C 47	_, 19_//	, to	J-4			,
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	obove, (I) (we						our opinion	deom occurred on the c	ote ond nour			
272d. PHYSICIAN'S NAME (TYPE OR PRINT)  272 ADDRESS  BURIAL, CREMATION, REMOVAL 23b. DATE  BURIAL, CREMATION, REMOVAL 23b. DATE  05-29-79  MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MARYLAND	226. SIGNATURE	0					TIENIDING	MEDICAL STA	EE			
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BURIAL 05-29-79 MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MARYLAND	230 BURIAL, CREMATIO	N, REMOVA	L 23b. DATE	23c 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	- 7-7-1	COUNTY	67	ATE
DORLING 05 25 75 Indiana and and and and and and and and and			05-29	-79 MF	CADOWE	RIDGE ME	M. PK.					
FUNERAL DIRECTOR 21279 DATE REC D. BY REGISTRAR SSIGNATURE	24 FUNERAL DIRECTOR					21220	250 DAT					
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE. MAY 2 9 1979 Richard	HUBBARD FU	NERAL	HOME, I	NC., 4107	WILK	ENS AVE	. M	AV 9 0 1070	his	tru he	P	,

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician.

789-1-87

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	<b>MEDICAL EXAMINER</b> : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS	cute the certificate, writing the word "pending" in pencil in ITem 18. Give pages 1, 2, and 3 to the Funera	SE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHII	er death, with the state department of health and mental hygiene, division of vital records, 301 w. Prest	1	I HILL IN
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		1	FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTA	AL HYGIENE	
1	4	լլ	STATE REGISTRAR		MINER'S CERTIFICAT		9 1 1 8 8 8
1	# % A		ECEASED NAME FIRST  YPE OR PRINT)  GRACE	M -	Hart man	28. DATE KNOWN OF ESTI- DEATH MATED	MONTH BAY VEAR 75 HOUR
	SSARY, PLEA	S	" whit "	NONTH DAY YEAR LAS	E (IN YEARS IF UNDER TYR. IF UNIT BIRTHDAY) MONTHS DAYS HOUR	IDER 24 HRS. 26. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d MOUE
9	VONER VONER VOTE	70.	BIRTHPLACE (STATE OR 76. POREIGN COUNTRY)  Maryland	U.S.A.	8. MARRIED NEVER M	ARRIED ORCED \$ 9. BALTIMORE CITY	OR COUNTY OF DEATH
	PAGE PAGE FILED S, 301 v	10.	usuile Med	NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	128 USUAL OCCUPATION (1" FOR MOST OF WORKING LIFE)  Ret. Buyer	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY  Sears Robuck
1201	RETAIN SHOULD B		STATE THE COMMTY	HER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CLEV OR TO  Balti	TWN 13d INSIDE CITY LIMIT		hereit An 21206
E, MD. 2	P. S. L. S. L. Z. D. Z.	14.	FATHER'S NAME FIRST Albano	DeKato	W 15. MOTHER'S M	AIDEN NAME MIDDLE	Warnick
LTIMOR	AFTER IVE PA H FOR ISION (	160	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR			9	Balt., Md. 21206 Ashcrest Avenue
ST., BA	24 HOURS A TEM 18. GIV ONG WITH ERMIT. PAG		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C	hab die	1 111 - 4	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	ITHIN 24 IE NOTE ALO NSIT PE IL HYGIE		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS ACONSEOL	mus carel	in Infarction	74
301 W. P	UTED W IN PENC EXAMIN RIAL TRA OR REM	1	cause (o) stoting the <u>under</u> lying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	D	
RECORDS, 3	NDING" MEDICAL AS A BU ALTH AND	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONT		THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a),	
ITAL REC	CHIEF CHIEF USED OF HE	CEPTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20. AUTOPSY?
NO NO	FICATE THE WOOD THE COULD BE REMENT TO BUR!	I de di	210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b TIME OF INJURY HOUR A.M. MONTH DAY TH P.M.	YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 1	
DIVISIO	VRITING VRITING VRITING ARDED T GE 3 SH (TE DEPA	MEDICAL	216 INJURY OCCURRED WHILE ONT WHILE AT WORK AT WORK		HOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R: TH. VORW ORW R: PA		22a. I certify that I took charge of	the remains described above, he ouses , Accident	Id on Autopsy , Inspe	ection , Inquiry , c	ond in my opinion
0	L EXAMINE E CERTIFICA DULD BE F L DIRECTOI H, WITH TH MARYLAND		ACTUAL SIGNATURE	C. 1-tg/Ce	TITLE (SPECIFICATION OF THE PROPERTY OF THE PR	0	DATE 5-4-79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTMORE, MA	2	EXAMINER'S NAME (TYPE OR PRINT)	HN C. H	yle ADDRESS 752	-7 Bulan Rel	Balto 21236 mg
	EXEC EXE PAG TO TO AFTE BALL	230	BURIAL, CREMATION, REMOVAL 236.		OF CEMETERY OR CREMATORY	23d LOCATION CHYOR TOWN Baltimore	COUNTY
3	BP	24.	Burial Ma		9.0 0	ATE REC'D. BY REGISTRAR 25b. REG	CISTRATES SIGNATURE
	(VR A15 ME (5)) 15M 7/77		Leonard J. Ruck	. Inc. Baltime	ore, Md.	AY 7 1979	ifting Scalesonly

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certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

#### STATE OF MARYLAND

REG. NO.	7	9 -	10	8	8	
ATE OF DEATH MO	HTM	DAY	YEAR		2b. H	C

6		FOR		DEDADTM		E OF MARYLAND BEALTH AND MENTA	LHYCI	ENE			
Ψ	1-	STATE REGISTRAR		DEFARIM		ICATE OF DEATH		REG. NO	79	-108	889
		CEASED NAME FI	RST MI	DDLE	ı	LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
-8	(TYPE	OR PRINT)	BEL	ŀ	ASLB	ECK	16.5	MAY 2	2, 19	79	6:10 a <sub>M</sub>
	3. SE	X	4 RACE	VAY 34	S. DATE C			6. AGE (IN YEARS LAST BIRTI	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Fe	emale	White	RESTORED BY	Jul	y 12, 189	1	87	YRS		, india
36	C	RTHPLACE (STATE OR FOREIG DUNTRY)	U.S.A.	A THE STATE OF	MARRIE WIDOWE	D NEVER MARRIEL		9. BALTIMORE CITY O BALTIMORE			MD
58	10 CI	TOWSON		OSPITAL, NURSING FACILITY, GIVE STREET AI JOSEPH HO		OR OTHER INSTITUTION	Z	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LI		
35	130. 5			13c. CITY OR TOWN	1	13d INSIDE CITY LIMI		130. STREET ADDRESS 1822 Lock	Shi	el Ro	ad
120		THER'S NAME FIRST POTGE	Phillip	Potte	r	15 MOTHER'S MAIDE Celia		WIDDLE		Jenki	si ng
13.	16n. V	VAS DECEASED EVER IN L		166 SOCIAL SECUR		17 INFORMANT		ADDRE	SS	21234	110
150	No		YES, GIVE WAR OR DATES)	214-03-1	605	Douglas	G.	Hett8224	Old		rd Rd.
		18 CAUSE OF DEATH (E	nter only one cause per li							BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS	CALICED DV	spiration		umonia					
		Conditions, if ony, wh	nich ( (b) A	as a consequer rteriosc	NCE OF Lerot	ic cardiov	ascu	ılar diseas	e		
		couse (a), stoting	the DUE TO. OR	AS A CONSEQUE ight side	oce of	rebrovascu	lar	accident			
Ħ	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a)
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH (	OPERATIO	ON WAS PERFORMED		200 AUTOPSY? YES □ NO ▼	IN CERTI	S, WERE FINDI FYING CAUSES	
9		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART † OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRE	DE INJURY ET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
		, , , ,	s hospital) attended the	/	5%	nd that in (M) (our) a	pinion d	death occurred on the de	ite and hou	or and from the	that X (ve) last causes stated
		22b. SIGNATURE	Ms calo	nto	N	DEGREE  1.0. ATTEND PHYSIC	ING	MEDICAL STAF	F IAN [4	22c. DATE	27/7
1		AGA TON	H. ESCA	CANTO	, 14.	22e ADDRESS 76	20 1	York Road	Towso	n MD 2	1204
	230. Bt	BURIAL, CREMATION, REA	May 2			CEMETERY OR CREMA Redeemer		23d LOCATION CITY OF TOWN Baltin			
	24 F	UNERAL DIRECTOR		ADDRESS		2.5		REC'D. BY REGISTRAR		TRAR'S SIGNA	

E. Johnson 8521 Loch Raven Blvd. MAY 2 3

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGIS	TRAR				CERTIF	ICATE OF DE	ATH	REG. N	10.	3-11	, 0 3	U
1	1. DECEASED		FIRST	٨	NIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HC	UR
4	(TIPE OR PRINT)	EDWARD Carroll			Carrol1	HAVILAND				5 79	79 9:15Pm		
1	3. SEX			RACE	OGITOTI	5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YE		ER 24 HRS
	МА	MALE WHI		WHIT	WHITE 3			63	MONTHS DAY	ONTHS DAYS HOURS MIN			
1							3 2/ 10		9 BALTIMORE CITY OR COUNTY OF DEATH				
		yland	JACION //	U.S.A			NEVER MA						
4			711 1		OSPITAL, NURSIN	WIDOWE		DRCED	BALTO, C			0.5.04.64	MD.
,	III CITTORI	OWN OF DEA	VIH I		H FACILITY, GIVE STREET		OR OTHER INSTIT	UTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING	IFE) INDUST		
0			1D.	G.B.M					Truck Dri	ver	Harr	y T.	Camp
-	USUAL RESID	DENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS				
0	Mary	land	Balti		Parkvil:			10 X	1319 Tay	lor A	ve.		
٦		FATHER'S NAME Michael H.				15 MOTHER'S MAIDEN NAM		MIDDLE					
1	Mi				Havilan		nd Mammie				Parks		
		WAS DECEASED EVER IN U.S. ARMED FORCES?		P 166 SOCIAL SECURITY NO. 17. INFORMANT			ADDR	ESS					
	NO (YES, NO O	R UNKNOWN)	INKNOWN) (IF YES, GIVE WAR OR DATES)		s) 212-10-7440 Phyllis Hay		viland Same as #13.						
	110 CA										OXIMATE INT	TERVAL	
	PA	18 CAUSE OF DEATH lithter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  X  CARCINOMA OF PANCREAS								BEIWE	N ONSEL AN	ND DEATH	
	1	IMMEDIATE CAUSE (o) X CARCTINOMA OF PANCREAS											
	14	DUE TO, OR AS A CONSEQUENCE OF											
1		Conditions, if ony, which gove rise to immediate											
		couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF											
	Olidei	(c)											
1.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
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NOT A TIEN	Y 190. DA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH (				OPERATIO	N WAS PERFOR	RFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			ED ATH2		
	H	12-18-78   OBSTRUCTIVE				JAU	NDICE				ES [	NO	
7	21a. AC	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY			V VEAD	21c. HOW INJ	JRY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2	1		
	OR COM	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.				19	11.17						
	9	JURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	1					
		WHILE NOT WHILE			ARM, ETC.)	STREET CITY OR TOWN COUNTY STATE					STATE		

22a.1 certify that \( \text{(this haspital) ottended the deceased from sow the deceased alive on obove, (1) (w) (dd) (d) (h) (v) view the body after death. 22b. SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md.21204

22e ADDRESS

DEGREE

6701

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CHARLES ST. TOWSON, MD. 21204

(our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) D. GIRDHR, M.D.

23a. BURIAL, CREMATION, REMOVAL

Buria1

24 FUNERAL DIRECTOR

May's Chapel Cemetery Cockeysville, Balto., Md. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY May 9,1979 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MI AV Q 1070 Triffy Melrody 1050 York Road

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been

PHYSICIAN: The lo

ATTENDING

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for use as the buriol-tronsit permit. I of Health and Mental Hygiene prior If Nem 21 is morked or Nem 18 shows ony

should be detoched with the Stote Dept.

MPORTANT

(VR A 15 (4))

BP.

3:15E

Property X

6701 N. CHENLES ET. TONEON, MD. 2120

HERAUTO. COUNTY, \_\_

EDWARD C. C. HAVILAND

.G. M . Al-0310 .S .90

TOUSON, MO. I S. B. M. C.

A CYBOL WANT OF PANCREAL

12-18-78 OBSTRUCTIVE LOUNDICE

executed within 24 hours often

certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please combon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANT: If Hem 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	0	8	9	1
	_		-	-			

	1 -	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	. 79.	-10	891	
	I DEC	CEASED NAME FIRST OR PRINTI William	Walte	r	Haj	res	5/15/79	MONTH DAY		26 HOUR 10:55	
	3 SEX	Male	4 RACE White		5. DATE (	of Birth ch 22, 1916	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNIMONT	NDER I YEAR	IF UNDER 24 HOURS	4 HRS MIN
K		RTHPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF U.S.A	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED DIVORCED	Baltimore City o	re Coun			MD.
		Towson	LIF NOT IN SUC	H FACILITY, GIVE STREET	AOORESS)	or other institution s St. 21204	120. USUAL OCCUPATION OF THE STREET OF WORK FOR MOST OF THE STREET OF TH		126 KIND OF INDUSTRY r Bend	BUSINES	SOR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE TO LEAR THE COL	OR OTHER INSTITUTION JINTY	130 CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 2708 Berw	ick Ave	nue		
	14. FA	THER'S NAME Alfred	WIOOLE	Hayes		15. MOTHER'S MAIDEN NAME FIRST	May			eat	
7		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN)  10 10 10 10 10 10 10 10 10 10 10 10 10	VE WAR OR DATES)	220-16-4		Mrs. Roxie C.		8 Berwi	ck Av		
	Z	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost	(b) DUE TO, O		trat	ion of the lungs	linal disease or con	DITION GIVEN	IN PART 110		
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
1	WEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)		
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN (	COUNTY	STAT	TE
		22a I certify that (I) (this has saw the deceased alive a above. (I) (we) (did) (did r 22b. SIGNATURE	5/15	/79 19	4/20	nd that in (my) (aur) apinion of DEGREE	, to5/15/ death accurred on the de	79 19_ ate and hour and			
,		22d. PHYSICIAN'S NAVE THE	RPRINT)	dou	17.	ATTENDING PHYSICIAN C	MEDICAL STAI MIRECTOR PHYSIC Luthervi		5/15		
		George B	edon. M.	D.		1205 York Ros					
		URIAL, CREMATION, REMOVA		236	eth-	EMETERY OF CREMATORY	of CHYORTOWN Burkitts			ick.	Md.

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

offending physicion

retoined by the hospital or O HOSPITAL OR

ATTENDING PHYSICIAN:

Smith, Fadeley, Keeney, Bastord Funeral Home 106 East Church Street, Frederick, Md. 21701

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

15M 7/77

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10892

1		REGISTRAR		WE	DICALEXAMINE	:K.2 C	ERTIFICATEO	FDEATH	REG. NO.		
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE K	NOWN 🗖	MONTH BAY	YEAR 76. HOUR
EET,			JOHN		RISTIAN		HEIL	OF DEATH /	ESTI-	5/18/7919	2.30 A M
	3. SE)	ale	white	5. DATE OF BIRTH MONTH DAY Oct. 22	YEAR LAST BIRTHDAY	) MONTE	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNC DEAD	ED	11869	YEAR 24 HOUR
		RTHPLACE (ST	ATE OR	76. CITIZEN OF W			ED NEVER MARRII	9. BALTIMO	RE CITY OR	COUNT/F OF DE	ATH
۵	Mai	ryland		US		WIDOW	ED DIVORCE	Bal		County	MD.
ò	Es	sex 21	221	1005 Fo	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)  XWOOD Lane		ER INSTITUTION	Truck Dri			O OF BUSINESS NDUSTRY
5	13a. S Ma	aryland	13b. COUNT Balti	TY	13c. CITY OR TOWN  Essex 2122	′	13d. INSIDE CITY LIMITS? YES NO DO	130 STREET ADDRES	wood I	ane 2122	<u>u</u>
Ò	14. F/	Harry		C.	Heil, Sr.		15. MOTHER'S MAIDE FIRST Gennie	MID	DLE	O' Conna	
	16a. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY 214 20 9405		17. INFORMANT		ADDRESS		
		No		-	e/pr (a), (b), and/(c).)		rose r.	Pappas, si	ster	Same	
		Condition gove ris cause (a) lying caus	s, if ony, which ta immediate stating the <u>under</u> te last.	DUE TO, OR  (c)	AS A CONSEQUENCE OF	car	yo cards dio cere	chal ar	terio	schon	N ONSET AND DEATH
	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a			
7	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	ITION FOR WHICH OPERA	TION W	AS PERFORMED?				TOPSY?
3	AL CERT	UNDERLYING	OR CAUSE OF D		A. MONTH DAY YEAR	21t HC	W INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAR		A KOL
	MEDICAL	21d. INJURY O WHILE AT WORK		21e PLACE	OF INJURY (AT HOME. CTORY, FARM, ETC.)		CATION TREET	CITY OR TOWN		COUNTY	STATE
		22a. I certify death resulte ACTUAL SIGNATURE_		al causes	scribed abave, held an Accident Suici	Autopside	y , Inspection Hamicide , TITLE (SPECIFY) D.	Undetermined man		DATE	/18/79
2		EXAMINER'S N (TYPE OR PRIN		S. AI	HLUWAL	1/	ADDRESS 2112	Dund	alk	Au Ba	df 21222
	(S	Bur	ion,REMOVAL 23	5-21-79	Holy Red	TERY OF	r Cemetery	Baltimo:	re, Ma	ryland	STATE
	100	INERAL DIRECT		ADDRES.	link			EC'D. BY REGISTRAR	25b. RESIST	RAR'S SIGNATUR	E
- 3	DI	uzdzins	ki Funer	al Home I	PA 1407 Old I	East	ern Avel AY	22 19/9	perp	my melly	poly

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Comment (1)	- 1985	an e	• • •	Ital	.0	
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	T Delice					

ly filled in by the funeral director, p should be filed within 72 hours after

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oched for use as the burial transit permit. Then plea Dept of Health and Mental Hygiene prior to burnal.

If Hern 21 is marked or Hern 18 sh

CERTIFIC

MEDICAL

ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the hospital ar attending physician

### STATE OF MARYLAND

NT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

STATE REGISTRAR	DEPART		ICATE OF D		REG. NO. 7	9-10	893
O DECEASED NAME FIRST (TYPE OR PRINT) Sister 1	Mary Vaclava I		AST	7	5/14/79	DAY YEAR	2: 30 A <sub>M</sub>
Female	White	5 DATE C		YE*92	6 AGE (IN YEARS LAST BIRTHDAY) 87	MONTHS DAYS	IF UNDER 24 HRS
76 BIRTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE		AARRIED X	Baltimore Co		MD.
Glen Arm	11. NAME OF HOSPITAL, NURSING A 11630 Glen	ADDRESS)	or other inst	TUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Teacher	LIFE) INDUSTRY	eation
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN Maryland Ba.		VN	13d INSIDE C	NO X	13. STREET ADDRESS 11630 Glen	Arm Ros	ad
Joseph	Hejl		15 MOTHER'S	MAIDEN NA	MIDDLE	Mikesh	5T
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 220-54		17 INFORMA		11630 G: ary Elizabeth	len Arı Grau	n Road
PART I. DEATH WAS CAUSE	nly one couse per line for (a), b on D BY:	nd c				BETWEEN	IMATE INTERVAL ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	ise				

PART I. DEATH WAS CAUSED		BITWEEN ONSET AND DE
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110

IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION CITY OR TOWN

AFWORK NOT WHILE nd that in (m DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22e. ADDRESS

Dr. Lawrence Boas, M. 50 Scott Adam Road, Cockeysville

230. BURIAL CREMATION, REMOVAL (SPECIFY Burial 230 NAME OF CEMETERY OR CREMATORY Sisters Cemetery 24 FUNERAL DIRECTOR

OR RAN FUNERAL HOME

Glen Arm, Balto., Md.

COUNTY

STATE

REGISTRAR 256. REGISTRAR'S SIGNATURE CAMBEDGE

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR.

OF ASSOCIATION OF THE PROPERTY 2 To 1 1 P. A. S. L. R. S. L. P. S. S. L. L. S. S. S. L. L. S. S. L. L. L. S. S. L. L. L. S. S. S. L. L. L. S. DE LEGISLA DE LA COMPANION DEL COMPANION DE LA . Pulpostini gran enjag yangend mirada by governi diritan

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FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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OIA 2		0			-	_		

	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	0 19-	100	JT
	CEASED NAME	FIRST	A	MIDDLE	Ĺ	AST			MONTH DAY	YEAR	26 HOUR
{TYPE	OR PRINT)	oseph	n Ch	arles	Hell	.er		May 12,	1979		м
3 SEX			4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		INDER YEAR	IF UNDER 74 HR
	Male		White		Dec		EAR	48 yı	PS - YRS	THS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 ** A D D ) E I	NEVER MARR	IED ()	9 BALTIMORE CITY			
	New York		U.S	.A.	WIDOWE			Baltimore	County	J	MD.
	TY OR TOWN OF DEA		(IF NOT IN SUC	OSPITAL, NURSING A FACILITY GIVE STREET A ACADEMY A	DDRESS)	OR OTHER INSTITUTI	ION	TYPE OF WOPE FOR MOST OF U.S. Air	F WORKING LIFET	INDUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
130 5	Md.	13b COUN		13c CITY OR TOWN		134 INSIDE CITY LI		13e STREET ADDRESS			
14 F.A	THERS NAME	Day	LUO ALE	ED CEI D COM	11	15 MOTHER'S MAI		303 Acad	temy Ave	2.0	
	Percy		MIDDLE	Heller		Cel		MIDDLE		LAS	il.
160 V	VAS DECEASED EVER	IN U.S AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17. INFORMANT		303 ACAR	lemy Ave	e.,	
	Yes		rean	081-24-3	565	Bernice	Hell	er Reisters	stown, 1	1d.	
	18 CAUSE OF DEAT			line far (a), b', and	lical		_				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		D BY TE CAUSE (0)	net	Total	-C	eru	inf C	0	nes	when
	1777			AS A CONSEQUE	NCE OF		-0.2				
	Conditions, if any,	which	( ,b)	( A3 A CONSCOOL	INCE OF				14 5	1395	
	gove rise to imm	nediote	3 205 10 00	R AS A CONSEQUE	NICE OF					(EE)	
	underlying couse		DOE TO, OF	AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIGN	NIFICANT (	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
NO	LE CLOT										
AT	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES, W		
CERTIFICATION			Marco and					YES TO NOT	IN CERTIFYIN	IG CAUSES	OF DEATH?
CER	210 ACCIDENT WAS UND	ERLYING T				21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJU		1 OR PART 2)	
	OR CONTRIBUTING		ALITY STATES	M, MONTH DA							
MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e PLACE (		19	211 LOCATION					
ME	WHILE TO NOT WE	HILE		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET		CITY OR TO	M	COUNTY	STATE
	AT WORK — AT WO	IKK —				1	72	71.	2 ( 10	74	all and to All a
	220.1 certify that (1) saw the decease			2 6 10	79	ad that in (my) (aur)	opunion di	eath occurred on the d	ote and hour or		that (I) (we) last
100	obove, (1) (mo) (c	lid) (dd	view the body	after death.		DEGREE			DIC 0110 1100 101	22c DATE	
	W. SIGNATURE	1.	la	en		ATTEN	DING	MEDICAL STA		T-	127
-73	22d. PHYSICIAN'S NA	ME (TYPE O	D ODIAT)			PHYS	ICIAN D	DIRECTOR   PHYSIC	IAN []	12	12-19
	N. T	-u (	3Kun	Anl		112	- 0	Than!	un!	hy	me
736, 1	LIR AL EREMATION,	REMOVAL	123b. DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	The	- 24.	
8	The Poctor, 1	A19	MAY 18	,1979 A	Ling	toy Unt.	Cent.	STY ORTOWN	bon 11	UNITY U	A .
24. FU	INERAL DIRECTOR	01	11	ADDRESS	1		250 DAYS	DECO BY SE 9074	25b. REGISTAN	Chargean	otresdy
1	1 7. 2ch	lieure	UT Owi	ngs Mills	, Md.		146	1 1 1010			

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTEN

10 FUNERAL DIRECTOR. After the confliction has been upmed by the ottending physician and completely filled in by the funeral hadden be detached for use as the build be filled within 72 is and 2 should be filled within 72 is and 10 should be filled within 72 is an expectation of the 
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## certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the haspital or attending physician.

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10895

1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	79-1	108	95	
	CEASED NAME	FIRST	A	VIDDIE	- L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	?
( I I I I	OKPKINI	Marth	a A	nn	Hess		5-5-79			Cons	M
B. SE.	X	17079	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 2	24 HRS
	Female		White		70N7	18-98° YEAR	80	MONTH	AS DAYS	HOUR5	MIN
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR'	Y? 8		9 BALTIMORE CITY O	R COUNTY OF E	DEATH		
C	Md.	235	U.S.	Α.		D NEVER MARRIED	Balto. C	0.			
0 C	ITY OR TOWN OF DE	ATH			WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPATI	ON 12	ZE KIND O	F BUSINES	MD. SS OR
	Parkville			idi Ave.			Housewife	F WORKING LIFE) IN	NDUSTRY		
	AL RESIDENCE (IF NU STATE Md.	13b COUN Bal	OTHER INSTITUTION	130 CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8617 Mic	di Avenu	e		
4. F.A	THER'S NAME WILLIAM	1	MIDDLE	Woode	n	IS. MOTHER'S MAIDEN NA	ME		LAST	-	
	VAS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS			
(	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-07	-7689	Mrs. Geraldi	ine Courts 8	3617 Mid			
	PART L'DEATH	WAS CAUSE IMMEDIAT y, which nmediate	D BY E CAUSE (a)  DUE TO, Of	R AS A CONSEC	rus clu HUENCE OF	the Heart	Descor		BETWEEN	MATE INTERV ONSET AND D	SEATH
CERTIFICATION	PART 2 OTHER SIG	SNIFICANT C	c) CONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	RE FINDIN	NGS USED	)
TIE	0.00						YES NO	YES 🗆	CAUSES	NO [	1
	21a. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEA	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 C	OR PART 2)		
MEDICAL	21d INJURY OCCU	RRED WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn co	OUNTY ,	STA	ATE
	220 I certify that (	did die	The box	deceased from	790	ATTENDING PHYSICIAN	, to 3 9 death occurred on the do	FF	/		,
	Sebast	11	sso, M.			5122 Harfor	rd Rd.				
3a E	BURIAL, CREMATION SPECIFY) Urial	I, REMOVAL	23b. DATE 5-8-1			more National	23d LOCATION CITY OR TOWN		N	STAT	
4. F	Leonard J	. Ruck	, Inc.,	5305 Haj		250. DAT	Y 7 1979	25b. REGUSTRAR'S	SSIGNATI	UPE _	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

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Louiside . P. Luice, 205 Control

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled enthin 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, or other troumotic event, the medical exo

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

### FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1	0	8	9	6
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	REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO	, 19-	100	) 3 0
1. DE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH		YEAR 2b.	HOUR
(117)		JTH ELIZ	ABETH H	IIGGS	MAY 28	, 1979	/	1230 AM
3_ SE	X	4 RACE	S. DATE (		6. AGE (IN YEARS LAST BIRTH			UNDER 24 HRS
	PEMALE	WHITE	FE		61	YRS.	OAYS HO	DURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	AA A DD IC	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	
_	ARYLAND	U. S. A	• WIDOWE	D DIVORCED	BALTIMO	RE COUN	TY	MD.
10 C	ITY OR TOWN OF DEATH		AL, NURSING HOME ( Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BU USTRY	JSINESS OR
	ARKVILLE	8800 L	AKEWOOD R	OAD	Admin. As	- 4-	LTO.	CITY
13a	AL RESIDENCE (IF NURSING HO STATE 13b C	ME OR OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION) TY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
		ALTO. PA	RKVILLE	YES X NO 🗆	8800 LAK	EWOOD F	ROAD	
14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
	DANIEL		HELM	ESTELL	E	COX		
160. \	WAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b SC S. GIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	BALTI	MORE, MD	. 21	234
	NO	21	8-05-9356	PAUL B. HI	GGS 8800 L	AKEWOOD	ROA	D
	18 CAUSE OF DEATH (Ent.	er anly ane cause per line for	(a), (b), and (c)		1	Вб	APPROXIMATE	T AND DEATH
		DIATE CAUSE (o)	diocula	uman an	resy			
	1539	DUE TO, OR AS A	CONSEQUENCE OF	, , ,	0 / 1.	1		
	Conditions, if ony, which	h ( (b) I	we wast	es + electro	h & Mark	Une	100	
	gove rise to immediat cause (a), stating th	- )	CONSEQUENCE OF	0	0001			
	underlying couse last	(c) M	tastore	Carunm	1 Colin			
-	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	AL DISEASE OR COND	ITION GIVEN IN P	ART 1(o)	
CERTIFICATION					,			
ICA	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.		
RT					YES NO	YES 🗌	N	10 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR P	ART 2]	
CAI	(IF EITHER, NOTHEY MEDICAL EXAM		19				133	
MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	d COUN	1TY	STATE
	AT WORK AT WORK							
		e on MAY 24	20	E NOV3, 1976	to _may	19.7		(I) (we) fast
	sow the deceased aliv abave, (I) (we) (did) (di	d nat) view the bady after de	19 <b>79</b> , or	d that in (my) (our) opinion	death occurred on the dat	e and hour and fro	om the couse	es stoted
	22b. SIGNATURE	- 6.		DEGREE ATTENDING	. ALEDICAL CTARS		DATE SIGN	VED
	Baus -	· KIREMUN		PHYSICIAN	MEDICAL STAFF		AY 28	1979
	220 PHYSICIAN'S NAME (T	YE OR PRINT)		220 ADDRESS				
	BRKRY	J. BREWING	H	19000 1KA	NKLIN Da.	DRIVE		
23a. E	JURIAL, CREMATION, REMO	VAL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY		STATE
	Burial	May31, 19	79 Emory	Meth. Ch.	Ady	Harfor		_
	OBERT C. AT	LTENBURG FU	NERAL HOM	IE INC	E REC'D. BY REGISTRAR 2.	b. REGISTRAR'S SI	GNATURE	
		RD. BALTO		14   MA	Y 2.8 1979	Lita	Leo Co	- de

BP\_\_\_\_\_\_ DHMH - 16 60M 7/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.

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FOR

TOWSON

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9	-	1	0	8	9	7
IO		-						

COUNTY

126 KIND OF BUSINESS OR

STATE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH OAY YEAR

(TYPE OR PRINT) HELEN HINES 12/79 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR HOURS 61 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY

WIDOWED DIVORCED

BALTO MEDICAL CENTER

ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WONE

BALTIMORE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
138 STATE
1136 COUNTY
1137 CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIGOLI

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for to , (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO METASTATIC CARCINOMA OF BREAST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse oi, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTO	OPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
			YES 🗌	NO	YES 🗌	NO 🗆
Ta. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	

OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE WHILE

220.1 certify that this haspital attended the deceased from sow the occessed alive on 5/13 above, (I) (we) (did) (did not) view the body after death (Ar) opinion death occurred on the date and hour and from the causes stated

22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

BALTO. MEDICAK CENTER

DIRECTOR PHYSICIAN

DR.S.P.GIRDHAR	6/01 N.CHA	RLES STREET	TOWSON 2120
36. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) UP . P	236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STA

24 FUNERAL DIRECTOR

250. DATE RECID BY REGISTRAR 256. REGISTRAR'S SIGNATOR

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

132.1130 AVI 103.1 35 W. 63.1 500 MOTE TO THE TENED TO THE STATE OF THE STATE OF

CASCAL TO TO THE WAY TO THE WAY OF THE COMMENT

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

DHMH - 16 50M 1/76

(VR A 15 (4))

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illind in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be in

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10898

		REGISTRAR							REG. NO.					
1	1. DEC	CEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF D	EATH MO	HINC	DAY	YEAR	26 HOL	JR
	(ITE	ALBERT	ADAM		HO	FFERB	ERTH	YAM	28,	1979	2		2:1	5AM
	3. SEX	(	4 RACE		5. DATE C		110 - 0	6 AGE (IN YEAR	S LAST BIRTHD	AY	IF UNDE	DAYS	# UNDER	24 HRS
	M	ale	White		Aug.	18, 19		64		YRS			HOURS	Wild
	7a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	8.	D NEVER A	ARRIED [	9. BALTIMORE	CITY OR	COUNT	Y OF DE	ATH		
5	M	aryland	U.S.A		WIDOWE	D DI	ORCED	BALTIN	MORE	COT	JNTY			MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS)			120 USUAL OC	OR MOST OF W	ORKING L	IFE) IND	KIND O USTRY	F BUSINI	ESS OR
9		OWSON	SAINT			SPITAL		Credit	Sur	er.	Ne	wsp	ape	r
5	130 S	TATE  TYLAND  TATE  Ba	Le or other institution. County Litimore	13c. CITY OR TOW 2120	E ADMISSION)	13d. INSIDE CI	TY LIMITS?	13. STREET AD	DRESS Ldmor	re C	our	t		
	14. FA	THER'S NAME	WIDDLE	LAST			MAIDEN NAM		WIDDIE			145		
ò		Adam		ferbert	th		Esther		MIDDLE		Bal	dwi	n	
		AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17. INFORMA			ADDRES:	5	1		04	
	14	Yes (IF YES	.W. II	213-01-	-0604	Doris	F.Ho	fferbe	rth1	0 S	kid	mor	e C	t.
		18 CAUSE OF DEATH (Ente	r only one cause per l	ine far (a), (b), on	d (c)								MATE INTE	
		PART I. DEATH WAS CA	IISED RY	VOLAR DI		NFARLT	NOV.	CARDIA	K A	ME	-0	2	hn	
		410-		AS A CONSEQUE	ENCE OF		1							
		Canditians, if any, which		AS A CONSECUE	A	THERO	SCIES	20825						
		gave rise to immediate couse (a), stating the		AS A CONSEQUE	ENCE OF									
		underlying cause last	(6)	A3 A CONSEQUE	LIVEE OI									
9		PART 2 OTHER SIGNIFICAL		ntributing to 1	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE (	OR CONDI	TION GI	VEN IN F	ART 1(c	1)	77
	CERTIFICATION						156							
1	ICA	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOP			S, WERE		OF DEA	TH?
	RTIE			IN LULIDAY		In Howell	11.15V 0.55(150)		40		ES 🗌		NO [	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	had 1100110 A A	A. MONTH D	AY YEAR	ZIC HOW IN	JURY OCCURRI	ED (ENTER NATUR	RE OF INJURY	N ITEM 18.	PART I OR	PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI			19	211. LOCATIO	S 1							
1	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C	ET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	)N	c	ITY OR TOWN		cou	NTY	5	TATE
	6.0				ME -	2.4	(19	3	11/2	AM		Ā		-
		220.1 certify that (1) (this h		deceased from 19	79 0	nd that in (my)	(aur) apinian d	eath accurred			ur and fo		16	we) lost
		above, (I) (we) (did) (did	nat) view the bady o	fter death.		DEGREE	(00.) 040		on the date	die no			SIGNED	
		Inden	- 2 1	- July	1	(N) A	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N 3		5	185	19
-		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	A1 (1)		22e. ADDRES	5	CT P	MI	at.	7	DA	)	
	23n B	URIAL, CREMATION, REMO	VAL 1236, DATE	230	NAME OF C	EMETERY OR C	REMATORY	123d. LOCATI	ION	71		100		
	Bi	urial	May31.		Parkw			CITY OR T	timo1	ra r	COUNTY	Md		ATE
		INERAL DIRECTOR	1-021				250. DATE		STRAR 25	A CY	TRAR'S	FA.	URE.	
	Wi	lliam E. J	ohnson 8	521 Loc	h Ra	ven Rl	WAY 3	1 19/9	1	1	7	are the	7	
-	_			/~_ ~~~	44 35 64	1 744 - 274	T W.					No. of Concession, Name of Street, or other Designation, Name of Street, Name		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

njury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10899

RE TRAR'S SIGNATURE

BY REGISTRAR 251

	REGISTRAR				CERTIF	ICATE OF DEATH	R	REG. NO.		
	CEASED NAME	FIRST	,	MIDDLE	ì	LAST	20. DATE OF DE		DAY YEAR	2b HOUR
(TYP)	E OR PRINT)	Agnes		E.	Hoff	fman		May 23,	1979	5.20 Pm
3 SE	X	2771	RACE		5. DATE C		6 AGE (IN YEARS L	LAST BIRTHDAY)	IF UNDER I YEAR	
	Female		Whi	te	Api		81	YRS	MONTHS DAYS	HOURS MIN
7	IRTHPLACE (STATE OR COUNTRY) Vest Virgi		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE C		TY OF DEATH	MD.
10 C	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCC		126. KIND (	OF BUSINESS OR
	sex 21221			ESSEX AVE			Nurse A	MOST OF WORKING	Hosp:	ital
130	At RESIDENCE (IF NUI STATE Lryland	136 COUN	other institution. TY imore	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Essex 2]	N	134. INSIDE CITY LIMITS? YES NO	130 STREET ADD	Essex A	venue 2	1221
14 F	ATHER'S NAME	Unkn	DDLE OWN	LAST		15. MOTHER'S MAIDEN NAM		IDDLE	LA	ST
	WAS DECEASED EVE		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
	No	-	AN ON DAILS	236-32-1	+235	Margaret Nor	ton	Same		
Z		ing the le last.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR	R CONDITION C	GIVEN IN PART 10	01
CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FINDING CAUSES	
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEAT CAL EXAMINER)	P./	M, MONTH DA M.	YEAR	211. LOCATION STREET		OF INJURY IN ITEM 18	8, PART 1 OR PART 2)  COUNTY	STATE
2	220. I certify that	ORK Corner	all attended the	deceased from		179 19	, ta			that (I) (we) last
	sow the deced obove. (IV) yel 22b. SIGNATURE 22d. PHYSICIAN'S N	Tue Al	view the body	May 197 offer death		nd that in (my) (aur) apinion a  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  1105 NoRTH BALTS	MEDICAL _	STAFF PHYSICIAN []	22c. DATE	couses stated SIGNED 24.1929
23a (	BURIAL, CREMATION SPECIFY)		135 DATE 5-2727			EMETERY OR CREMATORY Cemetery	Orgas,	N	irginia	STATE

Fruzdzinski runeral Home PA 1407 Old Eastern AVMAY 28

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

ATTENDING PHYSICIAN:

ACRES 15 PROFESSION OF THE PRO Marsie 1 Sect . Add . . 1988 1 Cl Committee | X farmed at seam of the constant 
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Statusty Jess , angel Country Warter . 17475-1

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TENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after

offending physician.

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retained by the hospital TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral direct should be detacked for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filled within 72 hairs with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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S, WERE FINDINGS USED YING CAUSES OF DEATH?
S NO
ART 1 OR PART 2)
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r and from the causes stated
22c. DATE SIGNED
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11 11 1
1 1 31 COC 1
N 1210001
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DHMH-16 20M (YRA 15, 4) 7/7B

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### JO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. WHORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. requires that the death certificate be executed within 24 hours offer ITENDING PHYSICIAN: The low attending physicion

notified at once.

### STATE OF MARYLAND

FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE REG. NO	7	9-1	0901
1. DECEASED NAME FIRST	All	OOLE		LAST	20. DATE OF DEATH		OAY YEAR	26. HOUR
Maya	M-	ichelle	HO	LLAND	May 25, 19	79		10:34pm
3 SEX	4 RACE		5. DATE (		& AGE (IN YEARS LAST BIRTH	HOAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Female	Black		May	25, 1979		YRS	MONINS DATS	1 58
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	1 BALTIMORE CITY O	COUNTY	OF DEATH	
Maryland	U.S.		WIDOW	^	Baltimore	Count	V	MD.
10 CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE			OF BUSINESS OR
Baltimore		Square		ital	None	TO THE STATE OF TH		None
USUAL RESIDENCE (IF NURSING NO. 130. STATE		IVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
7 1	e Arundel	Severn		YES NO NO	786 Flmbur	st Ro	ad	
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM		<del></del>	LA.	
Donald	Avon	Holland	d	Margaret	Louise		Queei	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 1 (IF YES	ARMED FORCES?	66 SOCIAL SECU		17 INFORMANT	ADDRE		- Que	
No	, GIVE WAR OR GATES)			Mother-M. Hol	land 786 F	Imhun	st Rd	
	DUE TO, OR	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	With		EN IN PART 1	01
None None								
None  None  None  None  None	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES S	NGS USED S OF DEATH? NO [
OR CONTRIBUTING CAUSE O	FOEATH HOUR AM	MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RULMI PO SPUTAM RETME) CES	Y IN ITEM 18, P.	ART I OR PART 2]	
216 INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	? I e PLACE O (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N .	COUNTY	STATE
220 I certify that (I) (this h			79 13	nd that in (my) (oxr) opinion of	death occurred on the do	10:34 te and hou		
X Charles	W. Bern			ATTENDING PHYSICIAN	MEDICAL STAF		5	125/79
Charles	w. Berine	11 14.12	enneti	1 / Kurk ((n)		uare	Dr. Bal	to. 2123
230 BURIAL, CREMATION, REMO	VAL 236. DATE	23c P	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Disposal 24 FUNERAL DIRECTOR	5/28/	79 Arai	nklin	Square Hosp.	Balto.	Mary L	and RAPS SIGNAT	Cultura da

NAME None

AODRESS

MAY 31 19/9

DHMH-16 20M (VRA 15, 4) 7/78

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	0		-	_	_	-

		Phi	7 70		Holowa	toh		5	1119	V/d
	3. SEX	Phi	4 RACE		5. DATE OF BIRTH	ten	6. AGE (IN YEARS LAST BI	BINDAY	IF UNDER 1 YEA	-
	J. 3E A		RACE			YEAR	W. ACE (INTERACTION	KINDAII	MONTHS DAY	
		Male	Whi		3	1885	94	YRS		
0.1	7a. BIRTHPI	ACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NE	VERMARRIED [	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
77		ssia	Russ	sia '	WIDOWED	DIVORCED [	Baltim	ore C	county.	
	10 CITY OF	TOWN OF DEATH	11. NAME OF		IG HOME OR OTHER	INSTITUTION	120. USUAL OCCUPAT	TION	126. KIND	OF BUSIN
58	Tow	son		Joseph Ho			(TYPE OF WORK FOR MOST	OF WORKING I		iner
	USUAL RES	IDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)				1161	THEL
34	130 STATE		timere	Parkvil			Perring P		Tuncin -	. Uom
	14 FATHER		TAIMOLE	Laivati		HER'S MAIDEN NAM		EWY I	ursing	пош
121		FIRST	MIDDLE	LAST		FIRST	Unknown			LAST
- 74	Iéa WAS D	ECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO 17 INFO	RMANT	ADDF	RESS		
1		OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)				12-11 1071	D-1-		
		No.				v. Mark	dell 4034	Rola		ren B
119	18 C	AUSE OF DEATH (Ente	only one couse per	the for salibit, on	dic a c	Pan 10			BETWEE	NONSET AND
			TATE CAUSE (D)	14401	1016 0	1112			59	61 M
	4	293	DUE TO O	R AS A CONSEQUE	NCEOF					/
	Cor	292 ditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	UD.			3 200	1R5
	gov	ditions, if ony, which e rise to immediate	1 (6)	7/1	) (	UD.				1R5
	gov		1 (6)	R AS A CONSEQUE	) (	UD.	1 / PRU	515	V	1RS
	gov	e rise to immediate se (0), stating the erlying couse lost	DUE TO, O	RAS A CONSEQUE	PEPART	UP.	1/200	212	У.	PRS
	gov cov und	e rise to immediate se (a), stating the	DUE TO, O	RAS A CONSEQUE	PEPART	LTIOS.  ATED TO THE TERM	C P RU	212	IVEN IN PART	PRS-
	gov cov und	e rise to immediate se (a), stating the erlying couse lost	DUE TO O	PAS A CONSEQUE	PE OF RT					
0	gov cov und	e rise to immediate se (0), stating the erlying couse lost	DUE TO O	PAS A CONSEQUE	PEPART		28s. AUTOP517	206 IF YE	ES, WERE FINE IFYING CAUS	DINGS USE ES OF DEA
2	gov cov und	e rise to immediate se (o), stating the erlying couse lost 2 OTHER SIGNIFICAL ATE OF OPERATION	DUE TO O	RAS A CONSEQUE PLEATER ONTRIBUTING TO D	DEATH BUT NOT REL	ERFORMED	184 AUTOPSYT	206 IF YE	ES, WERE FINE IFYING CAUS (ES []	DINGS USE ES OF DEA NO [
299	DAR PARTIE ON THE PARTIES ON THE PAR	e rise to immediate is (0), stating the erlying couse lost  2 OTHER SIGNEP CAP  ATE OF OPERATION  COUNT WALLFORD FIRE	DUE TO O  TO CONDITIONS CO	RAS A CONSEQUE PLUE A ONTRIBUTING TO D	DEATH BUT NOT REL	ERFORMED	28s. AUTOP517	206 IF YE	ES, WERE FINE IFYING CAUS (ES []	DINGS USE ES OF DEA NO [
29	L CERTIFICATION BY 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e rise to immediate se (o), stating the erlying couse lost 2 OTHER SIGNIFICAL ATE OF OPERATION	DUE TO O  TO CONDITIONS CO  THE COND   RAS A CONSEQUE PLOTE OF THE PURE A MONTH DA	DEATH BUT NOT REL	ERFORMED	184 AUTOPSYT	206 IF YE	ES, WERE FINE IFYING CAUS (ES []	DINGS USE ES OF DEA NO [	
29	EDICAL CERTIFICATION  BY 1 141  BY 1	e rise to immediate se (0), stating the erlying couse last  2. OTHER SIGNIFICAT  ATE OF OPERATION  ICCOUNT WAILUNDIETPHO CAUSE ON THE MEDITY MEDITAL ELABORD  DIESE MODER MEDITAL ELABORD  NURRY OCCURRED	T CONDITIONS CONDITION	RAS A CONSEQUE DONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT NOT REL OPERATION WAS P	ERFORMED	184 AUTOPSYT	206 IF YE	ES, WERE FINE IFYING CAUS (ES []	PINGS USE ES OF DEA NO [
29	EDICAL CERTIFICATION  BY 1 141  BY 1	e rise to immediate se (0), stating the erlying couse last  2. OTHER SIGNIFICAT  ATE OF OPERATION  ICCOUNT WAILUNDIETPHO CAUSE ON THE MEDITY MEDITAL ELABORD  DIESE MODER MEDITAL ELABORD  NURRY OCCURRED	T CONDITIONS CONDITION	RAS A CONSEQUE PLUE A ONTRIBUTING TO D OTTION FOR WHICH OF INJUSY M. MONTH DA	DEATH BUT NOT REL OPERATION WAS P	ERFORMED W INJURY OCCURR	184 AUTOPSYT	206 IF YE	ES, WERE FINE IFYING CAUS (ES []	DINGS USE ES OF DEA NO [
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29	MEDICAL CERTIFICATION  NEDICAL CERTIFICATION  1 341  1 341  1 341  1 341	e rise to immediate ise (0), stating the erlying couse lost  2 OTHER SIGNAPICAL  ATE OF OPERATION  ACCOUNT WAR UNDIREY FOR COUNTRIBUTING CAUSE OF COUNTRIBUTING CAUSE OF COUNTRIBUTING C	DUE TO O  OF T CONDITIONS CO  IN CONDITIONS CO  IN TIME O  HOUR A  HER)  P  TO FLACE LAT HOWE 311	ONTRIBUTING TO DESTRUCT OF INJURY MEET, VACTORY, OFFICE, F	OPERATION WAS P	ERFORMED  W INJURY OCCURR  CATION  THE I	184 AUTOPSYT	206 IF YE IN CERT Y	ES, WERE FINE IFYING CAUSI IES   PART   GREAT I	DINGS USE ES OF DEA NO [
39	MEDICAL CERTIFICATION  STATE  THE TAIL  THE TA	e rise to immediate (e), stating the erlying couse lost  2 DIMER SIGNIFICAT  ALE OF OPERATION  COCUMENT WAS UNDIFFERED  CAUSE OF OPERATION  COCUMENT WAS UNDIFFERED  AT WORK  CENTRED	DUE TO O  OF T CONDITIONS CO  IN CONDITIONS CO  IN TIME O  HOUR A  HER)  P  TO FLACE LAT HOWE 311	ONTRIBUTING TO DESTRUCT OF INJURY MEET, VACTORY, OFFICE, F	OPERATION WAS P	ERFORMED  W INJURY OCCURR  CATION  THE I	184 AUTOPSYT YES NOW ED JENER NATURE OF BU	206 IF YE IN CERT Y	ES, WERE FINE IFYING CAUS IES I PART I GREAT II COUNTY I PART I GREAT II OF BART I GREAT II	DINGS USE ES OF DEA NO [
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29	MEDICAL CERTIFICATION  NEDICAL CERTIFICATION  NEDICAL CERTIFICATION  1 141  1 141  1 141	e rise to immediate (e), stating the erlying couse lost 2 OTHER SIGNIFICATION ATE OF OPERATION COUNTY WAS UNDERTOON TO CAUSE OF MEDICAL EXAMINATION OF CURRED COUNTY OF CURRED C	DUE TO O  OF AT CONDITIONS CO  IFE CONDITIONS CO  I	RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO CONTRIBUTION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY MELL, VACTORY, CARICE, E  Office Code, Carice, Carice, Carice, E  Office Code, Carice, Cari	OPERATION WAS PORT OF THE PORT	ERFORMED  W INJURY OCCURR  CATION  (my) (our) opinion of  PHYSICIAN  PRESS  OR CREMATORY	TES AUTOPSYT YES NOW ED INVESTMENT NOW ED INVEST	206 IF YE IN CERT YOUR PAIRE TO A STATE OF THE STATE OF T	ES, WERE FINE IFYING CAUS IES I PART I GREAT II COUNTY I PART I GREAT II OF BART I GREAT II	that (b)

death certificate ATTENDING TO HOSPITAL ed by

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DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be harkled at once.

### FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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1	J		U	J	U	
3	~		~	4	60	

	REGISTRAR				CERTIF	ICATE OF D	EAIN	REG. NO.	0 10	
I DEC	CEASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(,,,,,	OKTANI	ANNE		V.	Н	DLTZNER	ti ta	5 /6	5 19	19:09 M
3 SE)	(		4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	EMALE		WHITE		04	28	03	76 YR	S	NOOKS MIT
76 BII	RTHPLACE (STATE (	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? B	D NEVER A	ARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
_	IARYLAND		U.S.A		WIDOWE	DEX DI	ORCED	BALTIMORE CO	UNTY	MD.
	TY OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURS	EET ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  CLERK		
USUA L3n S	AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION		ORE ADMISSION)			IA. CYDEET ADDRESS		
	RYLAND		ROLL	HAMPST		13d INSIDE CI	NO X	130 STREET ADDRESS 1703 KEMPFIEL	D DRIVE,	21074
14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NAM	ME MIDDLE		AST
	CHARLE		Model	WITTK	OWSKI		INNIE	MIDDLE	BENE	EDICT
	VAS DECEASED EN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	NT	ADDRESS HA	MPSTEAD,	MD.
,	NO	(# 125, 011	· · · · · · · · · · · · · · · · · · ·	218-03	-4925	GEORG	E DESII	LET, 1703 KEMPF		
	18 CAUSE OF DE	EATH   Enter or		line for (a), (b),	and iç		4		BETWEEN	NIMATE INTERVAL NONSET AND DEATH
	PC		TE CAUSE (a)	Car	diene	arr	exi		3,	
	3790		DUE TO, O	R AS A CONSEC	DUENCE OF				.20	/
	Conditions, if a		( b)_		Re	phe	3		36	hor
	couse (o), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Infection 36 h								; hr	
NO	PART 2 OTHER S	GNIFICANT O	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	1.1	ase 1 COF	GIVEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHI		N WAS PERFO		20a AUTOPAY? 20b. IF	YES, WERE FINDERTIFYING CAUSE	
CER	21a. ACCIDENT WAS		21b. TIME C		DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)	A CONTRACTOR
CAL	OR CONTRIBUTING		4161		19					
MEDICAL	21d INJURY OCC	URRED	21e PLACE (AT HOME, ST	OF INJURY	CE, FARM, ETC.)	211. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
	AT WORK	TWORK				100		1/1		
1	sow the decobove. (1) (w	eased alive on	2	6 19	101	nd that in (my)	our) opinion o	death occurred on the date and	hour and from the	e causes stated
5	22b. SIGNATUR	m	Pelo				TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	E SIGNED
	22d. PHYSICIAN'S	NAME (MILO		esa		22e ADDRES		to Cty Gen	n'l Ho	opital
23a. B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATICIT	COUNTY	STATE
	BURIAL		05-18-	.79 B	ALTIMO	RE NATI		BALTIMORE CI	TY MARY	LAND
24 FL	INERAL DIRECTO	R		ADDRESS		21229	25a DATE	M. d. O. James	(1)	0 -
HII	BRARD FI	NERAT I	HOME IN	IC 410	7 WITK	ENS AVE	MA	Y 1 8 1979   7	4444/1	Theody

4107 WILKENS

DHMH - 16 50M 1/76 (VR A 15 (4))

HUBBARD FUNERAL HOME, INC.,

BP.

CHARLES A STATE OF THE SECOND

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11914

	REGISTRAR					. contra or bantin	REC	G. NO.	9	1 0	0 0	
THOMAS   AST	20 DATE OF DEAT	H MONTH	DAY	YEAR	2h HOL	JR D						
1000		MAS			HO	OPER		05	10	79	10:	: 20,
3 SE	X						6 AGE (IN YEARS LAS	T BIRTHDAY)		DER 1 YEAR	IF UNDER	24 HRS
	Male	Male White Now				6, 1891 YEAR	87	YR	MONTH	S DAYS	HOURS	MIN
		DREIGN		WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CIT	TY OR COUN	VTY OF D	to C	0.	MD.
	BALTIMORE		6/01	N. CHAR	G HOME (	GBMC STREET	12g USUAL OCCU	PATION		KIND O	ngs	
13 <b>M</b>	AL RESIDENCE (IF NURS STATE	13b CBUI	Tto.		ADMISSION)	13d. INSIDE CITY LIMITS?	Steffador	aris H	lospi	.ce		
14 F/		н. н	ooper	LAST		Gertrude C.		LE	R	LAS	ī	
16c V	WAS DECEASED EVER					Mr. William		r-9318	Mon	itego	Ave	34
	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which mediate g the last.	D BY TE CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c)	CARD1  R AS A CONSEQUE CONGE  R AS A CONSEQUE PNEUMON	NCE OF STIV		EDI TO MAJOI	EMA R SUR	GERY	12		RS
TIFICATION	190 DATE OF OPERAT	101	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF	YES, WER	RE FINDIN	NGS USEI	TH?
	OR CONTRIBUTING CO	AUSE OF DEA	HOUR A.	M. MONTH DA M. DF INJURY	19	210 HOW INJURY OCCURR 211 LOCATION STREET		INJURY IN ITEM 1		R PART 2)		TATE
W	22c.1 certify that (I) sow the decease obove, (I) (we) (d	(this haspi	tal) attended the	deceased from 7	9	04/12 , 19 79 and that in (my) (our) apinian of	, ta	05/1	0 19 7	fram the	that ( <u>I) (</u> s	we) last
	226. SIGNATURE  226. PHYSICIAN'S NA	ME (TYPE	R PRINT)	N	0	ATTENDING PHYSICIAN 228. ADDRESS		STAFF YSICIAN	2	S DATE	BIGNED	79
	DR. D.	SCH	AFFFR			GREATER B	ALTIMOR	E MED	I CAI	L CE	NTE	R

23c. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

DHMH - 16 50M 1/76 (VR A 15 (4))

the attending physician and completely filled in by the remove carbon papers. Pages 1 and 2 should be litted

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-fransit permit. Then please remave carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

attending physicia

etained by the hospital TO HOSPITAL

BP

IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, or other troumotic event, the

Mitchell-Wiedefeld Home-6500 York Rd. 21212

23b. DATE

5/14/79

25e DAT

COUNTY STATE

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIEV)
Burial

23d LOCATION
CITY OR TOWN
Balto City

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oft

retoined by the hospital or attending physician

must be notified at once

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be pastified.

### STATE OF MARYLAND FOR STATE

Loonard J. Ruck Inc. Baltimore, Maryland

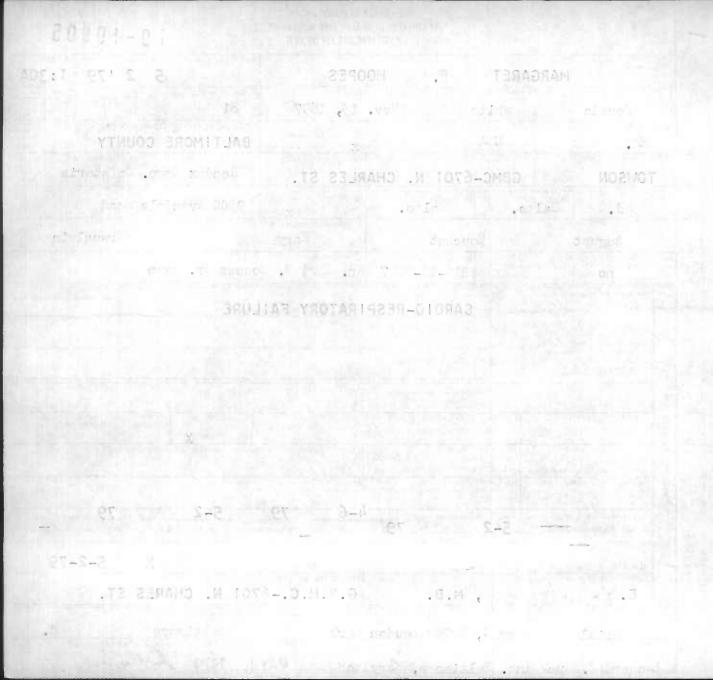
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9	 1	0	9	0	2
NO		_					

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10 1 3	-103	0 0
	DECEASED NAME FIRST TYPE OR PRINT)  MAR	GARET	B.		OPES	20 DATE OF DEATH	MONTH 5	2 179	26 HOUR 1:30A
3.	Female	4. RACE White		Nov.	of Birth 15, 041897 EAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALT I MOR			MD.
4	TOWSON	GBMC-	6701 N.	CHA	RLES ST.	120 USUAL OCCUPAT			of BUSINESS OR
13	SUAL RESIDENCE (IF NURSING HOME OF 136 COU	NTY Lto.	Balto	N	13d INSIDE CITY LIMITS? YES NO 2	13. 9200 AVOT	ndale	Road	
14.	FATHER'S NAME August	MIDDLE BO	uchat		15. MOTHER'S MAIDEN NA	WE		Braun	lein
16	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	216-12-2		Mr. Earl J. H	loopes Jr.			
CEBTIELCATION	Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR  (c)  CONDITIONS COI		NCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	VINAL DISEASE OR CON  200 AUTOPSY?  YES NO M	20b. IF 1	GIVEN IN PART I YES, WERE FIND ETIFYING CAUSE: YES	INGS USED
Mencal Cea	an contract of contract of	HOUR A.M P.M 21e. PLACE O (AT HOME, STREET  OIT VIEW The body o	. MONTH DA . FINJURY ET, FACTORY, OFFICE, FACTORY, OFFICE	19 ARM, ETC.) 79_, OI	21c. HOW INJURY OCCURION 211 LOCATION STREET  211 LOCATION STREET  19 79  and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS G. B. M. C 6	city or to	ote and h	, 19. 79	state that (1) (we) lost couses stated E SIGNED 2-79
23	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
24	FUNERAL DIRECTOR NAME LOOPARD J. Ruck	IMay 5,	ADDRESS	Marr	fras	Baltim e rec'd. By registrar (1 1979		ISTRAR'S SIGNA	Md. TURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REGISTRAR		C	ERTIFICATE	OF DEATH	REG. N	0.19-10	300
		CEASED NAME	HARLES	E.	HOOVER		20. DATE OF DEATH	-6-79	26. HOUR
	3 SE>	Male	4 RACE	hile s	DATE OF BIRTH	12 - 1910	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOR	76 CITIZEN OF	( ( )	MARRIED AND	VER MARRIED DIVORCED	the state of the s	RE COUNTY	MD.
56		TOWSON	GBMC-		HARLES		120 USUAL OCCUPATION OF THE STATE OF THE STA	ON 12b. KINI FWORKING LIFE) INDUSTI	OF BUSINESS OR
35	130 S	Md	BALTO	13c COPOR TOWN	YES T	-	13e. STREET ODRESS	8 Supe.	RIOR Por
30			MIDDLE A M	Hooven			GARDY	Sm	1AST X
1			N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	216-03-44		ARY E	HOOVER		SAME OXIMATE INTERVAL EN ONSET AND DEATH
	PART 1. DEATH WAS CAUSE DEY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF CACHEXIA  Gover rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF LOST CACHEXIA  DUE TO, OR AS A CONSEQUENCE OF LOST CACHEXIA  DUE TO, OR AS A CONSEQUENCE OF LOST CACHEXIA  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
2	CERTIFICATION	190 DATE OF OPERATE	ON 196 CONE	PITION FOR WHICH OPE	ERATION WAS P	ERFORMED	200 AUTOPSY? YES □ NO 🂢	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
9	WEDICAL CER	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRE	USE OF DEATH HOUR AS EXAMINER)  ED 21e. PLACE	OF INJURY  .M. MONTH DAY  .M.  OF INJURY  IREET, FACTORY, OFFICE, FARM,	YEAR 19 21f. LO	W INJURY OCCURR	RED (ENTER NATURE OF INJUI		STATE
100	W	WHILE NOT WHILE AT WORK  220. I certify that (I) (1)  22b. SIGNATUS	19. 79  ote and hour and from to 22c. DA	, that (I) (we) lost					
1		M. GO	WE (TYPE OR PRINT) VINDA RAJI	J	GBN		DIRECTOR PHYSIC		
	(5	Durial Semation, Respective During (	EMOVAL 236. DATE 3-16 RAL Chapel	1000	206	OR CREMATORY	23d. LOCATION CITY OF LOWEL	COUNTY COUNTY	MURE .

BP.

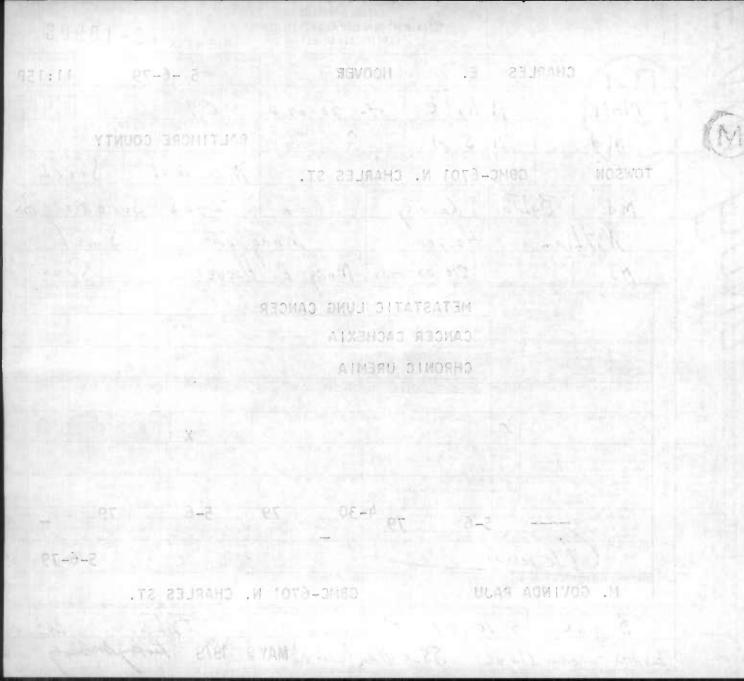
etained by the hospital or

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event. Item should be detached for use as the burral-transit permit. Then please remove car annition with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or several

FOR



### FOR STATE HEALTH DEPT.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10907

FAITH DEDT				MEDICAL EX	AMINER'	S CERTIFICA	TE OF DE	ATH	13 10	001
EALTH DEPT.		ECEASED-NAME (ype or Print) John	R. Horney S	Middle		Lost		20. DATE KNOWN OF ESTI- DEATH MATED	Month Day 5 - 24 -	Yeor 2b. HOUR 799 60 M
(M)	_	male whi		26 1909 "	GE (In years ost birthday) M	IF UNDER 1 YEAR IONTHS DAYS	HOURS MIN	2c. DATE PRONOUNCED  Month	DEAD Doy 24 Year	1979 63 M
Stale B	7о. сорг	BIRTHPLACE (State or foreign try)	USA		WIDOW	l-ayo	ED 🔲	Relto		Mc
4d. 21201 24 hours cil in Item Office along with the Str		Toodlawn	give	NAME OF HOSPITAL OR street oddress) 29	11 Rid	ge Rd.	during most of	CUPATION (Kind of wor! working life, even if re	etired.) INDUSTRY	O OF BUSINESS OR
iffin pen er's er's aurè	130.	USUAL RESIDENCE (Where dmission) STATENd.	deceosed lived, if instit 13b. COUNTY	Balto.		1.7	ISIDE CITY LIMITS?	13e. STREET AND NUMBER 2911 Ridge	ER	
LTIMO uted ling". Exam	14. F	ATHER'S NAME First	-	e los Horney	t I	s. MOTHER'S MAIDEN Bert		Midd	lle Kell	Lost 1
Medic		WAS DECEASED EVER IN U.S. A es, no, or unknown) (1	ARMED FORCES? If yes give war ar dates of service)	16b SOCIAL SECURITY 213 05 2		informant whn R. Ho.	nneu Te	ADDRESS 14	5 Sharpt	own Md
15, 301 W. PRESTON STRE WER: This certificate should the certificate, writing the war be forwarded to the Chief s a burial-transit permit. F s, ar remaval, and in any eve		Conditions, if ony, which rise to immediate couse stoling the underlying clast.	GAUSED BY.  MMEDIATE CAUSE (o)  DUE TO, OR  gove (o).  (b)  DUE TO, OR  COUSE	Ar Consequence	of OF	ptie Va	21cula	, Dires	1 API	PROXIMATÉ INTERVAL VEEN ONSET ANO GEATH
the cert be for as a but or re	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUT				ASE OR CONDITION	N GIVEN IN PART 1(0)		
A EXAMINE EXAMINE EXAMINE EXAMINE SECUTE THE SHOULD BE USED AS CREMOTION.	CERTIFICATION			19b. CONDITION FOR WAS PERFORME	D?					AUTOPSY? YES NO P
MEDICAL MEDICAL please 2age 4 illes. suld be burial, a	DICAL	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBU CAUSE OF DEATH	UTING HOUR A	.M. 19				e of injury in Port 1 or	Port 2, Item 1B.)	
PUTY essary ctar. your 3 sho	W	21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY ( foctory, office buildin	ng, etc.)		LOCATION Street or R		City or Town	County	Stote
DIVISION TO DE TO		22a. I certify the death resulted from the signature EXAMINER'S NAME (Type)	hat I taak chorge af tam: Natural cau	ses Accide	ent [], s	CHIEF A  CHIEF A  ASSISTA  DEPUTY	amicide , MEDICAL EXAMINE NT MEDICAL EXAM MEDICAL EXAMIN	Undetermined m	nanner   2b. DATE SIGNED  5 - 2	
ofter death. I 2, and 3 to Page 5 may TO FUNERAL Health and P		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/26/79	23c. NAME O	View P	CREMATORY		LOCATION (City or Town	7-	(Stote)
DHMH-17 1/71 10M (VR A15MF (5))	24	FUNERAL DIRECTOR	unu an 641	ADD	RESS	25	O. REC'D BY REG		STRAR'S SIGNATURE	•

A STANLEY OF THE STAN Alexander and the second of th The state of the s

	I	tems #23a-24 p	er phone	STATE OF MARY	LAND			
	1 -	FOR call W/Fur	n. Home 5/28 0 67 A	RTMENT OF HEALTH AND CERTIFICATE OF		ENE REG. NO	79-11	0908
		CEASED NAME FIRST	WIDDLE	LAST	The same		MONTH DAY YEAR	2 h HOUR
	(ITPE	BILLI	E	IRVINE	-	1.	5-17-7	9 450 A
	3. SE	(	4 RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24
		MALE	White	3 10	21	58	YRS.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED X NEVER	MARRIED -	9 BALTIMORE CITY OF	COUNTY OF DEATH	1
2	10 C	TY OR TOWN OF DEATH	U.S.A	WIDOWED C	IVORCED [	120 USUAL OCCUPATION	MORE C	D OF BUSINESS
1	1	Mt. Wilson	(IF NOT IN SUCH FACILITY, GIVE STO			PAINTER	WORKING LIFE) INDUST	
35	13 <sub>0</sub> S	AL RESIDENCE (IF NURSING HOME O TATE (3b COU	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 131. CITY OR TO	OWN 1134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	nlee DR	
181	14. F	THER'S NAME	MIDDLE LIST	15. MÖTHER	S MAIDEN NAM	E MIDDLE	-	LAST
7	160 V	VAS DECEASED EVER IN U.S. AT		CURITY NO. 17 INFORM	ANT	ADDRES	SS	
f	•	YES W	W I 23-14-	6143-A Kut	H.E.I	RVINE S	same as	13e
	145	18 CAUSE OF DEATH Enter o	nly one couse per line for (a), (b),	and (c).)			BET WI	POXIMATE INTERVI
7			TE CAUSE (O) CANCOLAD.	- RESPIRATION	1 ARK	285		
	173	4-31-	DUE TO, OR AS A CONSE	OUENCE OF				
		Conditions, if ony, which	( 16) RECURA	ENT ASPIRATIO	N PNS	moning	188	
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE					
			CONDITIONS CONTRIBUTING		D TO THE TERM	NAL DISEASE OR COND	NITION CIVEN IN BABI	Liter
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	TO DEATH BOT NOT RELATE	DIOTHETERMIN	VAL DISEASE OR COIND	MION GIVEN IN PAR	1 1101
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
1	TIFIC					YES NOW	IN CERTIFYING CAU	NO [
4	CER	216 ACCIDENT WAS UNDERLYING			NJURY OCCURRE	D (ENTER NATURE OF INJURY	Y IN ITEM 18, PART I OR PART	2)
/.	CAL	OR CONTRIBUTING CAUSE OF DE	Ain	19				
M	WEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCAT STREE	ION	CITY OR TOW	N COUNTY	STAT
	~	WHILE AT WORK AT WORK					The De Toll	
30			ital) attended the deceased from 5/17/99		. 19	, to <b>5</b> / <b>1</b> // <b>7</b> *		, that 🎂 (we
			the riew the body after death.		r) (our) opinion de	eath accurred on the do		
6	10	226 SIGNATURE	2//	DEGREE	ATTENDING	MEDICAL STAFF	F	ATE SIGNED
		27d. PHYSICIAN'S NAME (TYPE	disele	22e ADDRE	PHYSICIAN 1	DIRECTOR   PHYSICI	IAN 🗆 🔰	117/7
/	3	EDWARD W. S			WILSON	LACO!	-01	
-	23n F	URIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OF		23d. LOCATION	VTC	
H		Burial		eltenham Ceme		Che I tenha	m Pr. Geo.	Co. Md
	24 FI	INERAL DIRECTOR		P.O. Box 2	79 250. DAM	A YOU BY BE GIF AS I	Sh. REGISTRARIS SIGN	Millered
	B	ishop Funeral	Home, P.A. Leon	ardtown, Md.	141	חו הם ושוש	. /	

80001-01-AGESTICATE TO A SECTION OF THE PARTY OF THE

### within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or ottending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral dir should be detached for use as the buriok-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

medical examin

injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Item 18 shows ony

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10909

	REGISTRAR XC	15 30	03 734		CEKTIFI	CATE OF DE	HIA	R	EG. NO	).			
	CEASED NAME	FIRST	- /	NIOOLE	ŁA!	ŠT		20. DATE OF DEATH MONTH DAY YEAR 26				2h HOUR	
(TIPE	JOH	N	JOHNSO	ON .	JACKS	SON S	SR.	MAY 3	1, 1	1979			2:10A M
3 SE	X	X	4 RACE	5	DATE OF	FBIRTH		6 AGE (IN YEARS !	AST BIRTH	IDAY)	IF UNDER 1	_	IF UNDER 24 HRS
	MALE		BLACE		OCTOP	BER 10,	1911	6 / 66 YRS					HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY? 8	AAA PRIED	NEVER M	APPIED [	9 BALTIMORE	ITY OF	COUNT	Y OF DEAT	TH	
	MARYLAND		U.S.A		MIDOWED		ORCED	BALTIMO	RE C	COUNT	Y		MD.
F	TO CITY OR TOWN OF DEATH  FORT HOWARD  OUT A. MEDICAL CENTER  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION)						TUTION	120 USUAL OCC (TYPE OF WORK FOR			FE) INDUS		F BUSINESS OR
13a S M	ARYLAND	136 COUN CARE	TY	GIVE RESIDENCE BEFORE AC 13L CITY OR TOWN WOODBINE			NO 🗹	134, STREET ADD 14795 0	RESS LD I	REDE	RICK	RO	AD
14 FA	GEORGE JACKSON IS MOTHER'S MAIDEN NAME  SARA JACKSON  A FATHER'S MAIDEN NAME  SARA  JACKSON  LAST  JACKSON												
16a V	VAS DECEASED EVER VES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	705 10 320		CLINI		CORDS, V.	AMC,				
	18 CAUSE OF DEAT	H (Enter and	y ane cause per	line for (a), (b), and (	c1.)				Part I	1,118	BETV	PROXIM	MATE INTERVAL
	PART I. DEATH W		E CAUSE (o)	PNEUMONIA					-111	No.		2	DAYS
	Conditions, if any, which gove rise to immediate cause (a), stating the CONSEQUENCE OF									3	MONTHS		
	underlying cause		DUE TO, OI	PARAPLEGI.								3	MONTHS
z				INTRIBUTING TO DE	ATH BUT N	NOT RELATED	TO THE TERM	INAL DISEASE OF	COND	ITION GI	VEN IN PA	RT 1(a	
CERTIFICATION	SACRAL DECUBITUS: PANCYTOPENIA  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION				PERATION	I WAS PERFOR	MED	200 AUTOPSY	?	IN CERT	S, WERE FI		IGS USED OF DEATH?
	210. ACCIDENT WAS UND		21b. TIME O HOUR A	FINJURY M. MONTH DAY	YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE	OF INJURY	Y IN ITEM 18,	PART I OR PAR	RT 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.		19	211 LOCATIO	NI.			27 1			
MED	214 INJURY OCCURE WHILE NOT WE AT WORK	HILE 🗀	21e. PLACE ( (AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FARA	M, ETC.)	STREET		City	OR TOW	N	COUNT	Y	STATE
	220.1 certify tho DD) saw the decease above. (M)we) (c	ed alive on	5/31	19 79	5/24 2, one	d that in (My) (	., 19 <u>79</u> our) opinian (	to	731 the do	te ond ho	. 19 <u>. 79</u> ur and Iron		that A (we) last causes stated
	221 SIGNATURI Madi	Ame	(	Clark	m		TENDING HYSICIAN	MEDICAL DIRECTOR	STAF		22€. [	DATE S	SIGNED
	224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)	y	1	22e ADDRESS	TICHET L			CALAL		11)	-1.17
	VADHANA C	CLA	UD, M.D	. /		VAMC.	FORT	HOWARD,	MD	210	52		
23o. E	BURIAL, CREMATION,		23b. DATE		ME OF CE	METERY OR C	REMATORY	23d LOCATIO	N /		FOUNTY	,	SIATE 1
	BURTAL		6-2-	19/ 13/	12/14	Yark G	2MU Try	7/1002	ther	4. 7	44410	VA	Md.
100	UNERAL DIRECTOR			ADDRESS	1		2 10 TO	E REC'D. BY REGIS	TRAR 2	REGIS	TRAR'S SIC	MATI	JRE
H/	TCHU FINE	RLT. H	OME! BOX	195 SYKES	LLITTY	F. MD	PUIT	0 13/3	1	1	7/1.00	100	

FUNERAL HOME BOX 195 SYKESVILLE,

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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Territoria de la companya della companya della companya de la companya della comp		
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# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the formula should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld be filled within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance

notified at ance

FOR STATE

REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10910

	CEASED NAME	FIRS1	A	MDDLE	1/	AST	20 DATE OF DEATH	MONIH D	AY YEAR 26. HOUR
(TYPE	OR PRINT)	TA	1	1	JAC	OBS	MP	Y 13	11979 1247 PM
3. SE	X	4.1	RACE		5 DATE O	PARTH YEAR	6. AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male		WHITE			-%×1895	83	YRS.	ONTHS DAYS HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH
	NEW YORK		USA		WIDOWE		BALIIM	ORE CO	UN I I
10 C	TY OR TOWN OF DEA		NAME OF H			GEN. HOSP.	12a USUAL OCCUPAT		176. KIND OF BUSINESS OR INDUSTRATI.
	RANDALLST	OWN	DALI	IMOKE, COL	JNII	JEN. HOSP.	SALESMAN		MEINIL
USU.	AL RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	1134 STREET ADDRESS	APT	. 712
,00	MARYLAND		LTO.	BALTO		YES NO	6800 LIBE	RTY RD	. #21207
14 F	THER'S NAME			77 105 17		15 MOTHER'S MAIDEN NA		118 000	
	FIRST	CINKNO		LAST		FIRST	UNKNOO	UN	LAST
	VAS DECEASED EVER		D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MRS.	CECELIA ASSA	COBS	
	YES, NO OR UNKNOWN)	WWI-A		059-01-	4011A			712	#21207
	18 CAUSE OF DEAT	H (Enter anly a	one couse per	line for (a), (b), one	d ic				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
93	PART I. DEATH W	AS CAUSED B		Ventric	ular 1	Fibrillation,	Cardiac Ar	rest	BILLY BILLS
15	410 -	MANUEDIAIL		AS A CONSEQUE	NICE OF			N KILL	
	Canditions, if any,	which I	( ,b)			cardial Infar	ction S		
100	gave rise to imm	nediate	DUE TO OF	AS A CONSEQUE					
	underlying couse		DUE TO, OF			otic heart di	sease. Pace	maker	
	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO			NOT RELATED TO THE TER/			N IN PART 1(g)
Z					1000				
ATI	196 DATE OF OPERA	NOI	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED
CERTIFICATION							YES T NOT	IN CERTIFY YES	ING CAUSES OF DEATH?
CER	21a. ACCIDENT WAS UND	DERLYING	216. TIME O			21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		HOUR A./	M. MONTH DA	Y YEAR				
MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION			BARRIO DE VE
ME	AT WORK AT WO	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY STATE
	22c.   certify that (I)		ottended the	deceased Iram -	1	973 19		79	9, that (I) (we) last
	sow the decease	ed alive an	4-6	5-79 19	, on	d that in (my) (our) opinion			
	226 SIGNATER	did noti,v	iew the bady	otter death.	0	DEGREE			226. DATE SIGNED
	/hn	11 11	11/2/	124 (1)11		ATTENDING PHYSICIAN	MEDICAL STA		5-14-79
	774-PHYSICIAN 5 N	ME etros ca in	MAN	of and	/	22e ADDRESS	DIRECTOR LI PHIST	CIAIN	3 1 1 7 3
-	(br. J	ohn Ma	nn			611 Park	Avenue, Bal	timore	, Md. 21201
23a 8	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	BALTO.		COUNTY MARYLAND
	BURIAL		MAY 14	,		FRIENDSHIP			
24 FI	UNERAL DIRECTOR	SOL LEV	VINSON	& BROS.,	INC.	00.037	TE REC'D. BY REGISTRAR	25h HEGISTR	ARTURE
	6010 REIS	STERSTO	OWN RD.	, BALTO.	, MD	21215 AY	T 0 1212	1.1.	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

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marked or them 18 shows and Mental Hygie buriol-transit

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be detoched the Stote Dept. should be detoched with the Stote Dept. IMPORTANT: If them

this certificate has

FUNERAL DIRECTOR:

the hospitol

FOR

Maryland

14 FATHERS NAME

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

Baltimore

Phoenix

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- (	3 -		U	J	1

Oper.

3015 Paper Mill Road

Construct

STATE

REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.	9-10	911	
1 DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR	
Richard	P.	Jaffray	,Sr.	5/21/79		10:1	5A
3 SEX	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
Male	White	April 8,	1932	47 YRS	MONTHS DAYS	HOURS A	MIN
70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER A		9 BALTIMORE CITY OR COUNT	Y OF DEATH		
N. Dakota	U.S.A.		ORCED	Baltimore	e County		M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINESS	OF
Towson	GBMC, 6701 N. C	harles Stree	et He	avy Equip. Or		nstr	uc

John MIDDLE	Jaffray	Signe	MIC	DOLE	Levine	LAST	
160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES		Betty L.		3015	Paper	2113 Mill	1 Rd
Conditions, if ony, which gave rise to immediate	Acute Heart Fa OR AS A CONSEQUENCE OF CORONARY Arter OR AS A CONSEQUENCE OF				API DETW	ROXIMATE INTEL EEN ONSET AND	DEATH

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

0											
ICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	200 AUTO	PSY?		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH					
RTIF				YES 🗌	NO.	YES 🗌	NO 🗌				
8	210. ACCIDENT WAS UNDERLYING	11b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)				

MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK

22a I certify that (I) (this haspital) attended the deceased fra sow the deceased alive on and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death

IGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MD STAFF

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Nathan M. Rosenblum, M.D. GBMC, 6701 N. Charles Street, 21204

PHYSICIAN |

231. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN

Baltimore 230. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial Gardens of Faith May24 24 FUNERAL DIRECTOR

E. Johnson 8521 Loch Rayen

1979

DIRECTOR | PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

1 1 1 1 1 2 2 5 Livery Liver Continued to the Action of Livery Live file is topology on the a RING THE ANGE OF STREET, AND THE GOVERNOR OF STREET

### 10 FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 22 hours attended by the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance. requires that the death certificate be executed within 24 hours after ITENDING PHYSICIAN The low the hospital or attending physician

### STATE OF MARYLAND

FOR		DEPART	MENT OF H	IEALTH AND MENTAL HYG	SIENE			
- STATE REGISTRAR				FICATE OF DEATH		EG. NO.	79-1	0912
I. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
JAKIEL.	SKI	ALICE			May	19 1	979	
3. SEX	4 RACE		5 DATE C		6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Whit	ce	Fe	b. 4, 1900 A	79 ye	ears YRS	MONTHS DAYS	HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
Mass.	U.S.A		WIDOWE		Bel	tsville	Baltim	ore Com
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12e USUAL OCC	UPATION	12h KIND C	OF BUSINESS O
Beltsville		ett Conva		ent Home	House	wife	LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING HO) 13r. STATE 13b C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW	'N	1134 INSIDE CITY LIMITS?	13e. STREET ADD	RESS		
Maryland		Baltim	ore	YES 🖾 NO	304 5.	Cheste	er St.	
14 FATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NA		DDLE		
Joseph	MIDDLE	Aluza		Marcella	M	JOLE	Babai	
160 WAS DECEASED EVER IN U.S		16h SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS		
(YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	219-14-	2754-	Robert Kalsk	ki, 4917	Manheir		
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one cause pe	for (o), Ib), on	d ici.i				BETWEEN	MATE INTERVAL ONSET AND DEATH
	NUSED BY:	Tuen	ou	- G			30	Mey
4/1/2								1.
Conditions, if ony, which	DUE TO, O	PAS A CONSEQUE	C Good 17	escule, are	iclare (	•	Mu	righ
gave rise to immediate	e )							
cause (a), stating the underlying cause lost	DUE TO, O	RAS A CONSEQUE	PROF	Ac heer or	been		yer	
DADI 2 OTHER SICANEICA	147			NOT RELATED TO THE TERM		CONTRACTO		
3 Dicbeter 1	wellite	SENCE	- Ce	14 fi for whe	n wein	was, fre	ed ic le	etia
190 DATE OF OPERATION  21R. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY	? 20b. IF Y	ES, WERE FINDI	
SE .					YES TO NO		TIFYING CAUSES	NO []
218. ACCIDENT WAS UNDERLYING	G T 21b. TIME C	F INJURY		21c HOW INJURY OCCUR				110 []
	F DEATH HOUR A	M. MONTH D	**		(1000)		-,	
ON CONTRIBUTING CAUSE OF CHIEF CAUSE OF		M. OF INJURY	19	21f LOCATION				
	447 HOUR ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE
AT WORK - AT WORK			<b>*</b>	1 70	- kra	191	99	
220 I cortify that (I) (this h	aspital attended	e deceased from		, 17		100		that (I) (we) lo
sow the deceased aliv above: (+) (ye) (did) (di	d not view the body	ofter death.	. 01	nd that in (my) (our) apinion	death accurred br	the date and h	our and from the	couses stated
224 SIGNATURE				DEGREE			22c DATE	SIGNED
1100	un ou			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR []	STAFF PHYSICIAN []	13-1	9.19
228. PHYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS				1
230. BURIAL, CREMATION, REMO	VAL 236. DATE	[ 23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N		
Burial				tanislaus	CITY OR TOV	imore	COUNTY	Md .
24 FLINERAL DIRECTOR				25e DAT	E REC'D. BY REGIS		ISTRAR'S SIENAS	
TATITE OF TARTA	r, Inc.,	ADDRESS	ann A	ve. MA		19 this	pry/xel	ready
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DHMH-16 20M (VRA 15, 4) 7/7B

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the buriol-transit permit. Then please remove corban poets. Pages 1 and 2 should be detached for use as the buriol-transit permit. Then please remove corban poets of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

must be notified of once.

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retorned by the hospital or attending physician. ATTENDING

TO HOSPITAL

BP. DHMH-16 50M 7/77 (VR A 15 (4))

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	9	-		U	J		J
				_	_		

п	REGISTRAK				REG. NO.	0 10010
	I. DECEASED NAME (TYPE OR PRINT)	MIDDLE A.	JENSENS		May 2	0AY YEAR 26 HOUR 19 M
1	3 SEX 4	RACE	S DATE OF BIRTH		(IN YEARS LAST BUTTING	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	Jan 15	1894 85	YRS	MUNITS DATS HOURS MIN
ı	76. BIRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9. BALTI	MORE CITY OR COUNTY	Y OF DEATH
1	New Jersey			NORCED   Bal	timore	MD.
3	Baltimore- E	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL  Agewood Nursing	Home Balto	(TYPE OF V	JAL OCCUPATION WORK FOR MOST OF WORKING LI <b>ecretary</b>	12b. KIND OF BUSINESS OR INDUSTRY
2	USUAL RESIDENCE IN NURSING HOME OR OT 130 STATE 136 COUNTY Maryland	THER INSTITUTION, GIVE RESIDENCE BEFORE A BALTIMOR	138. INSIDE	NO 13 393	9 Roland Ave	e. Balto. 21211
	Chris R. Lund	DDLE LAST		s MAIDEN NAME arrie	WIOOFE	Nelson
J	160 WAS DECEASED EVER IN U.S. ARME	VAD OR DATES			ADDRESS	
4	No	215-56-1	990 Arthu	r S. Jensen	5602 Purlin	ngton Way 21212
	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENT (c)	NCE OF	Alignan the Bo	east-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DNDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATE	) TO THE TERMINAL DISI		
7	CERTIFICATION AND AND STATE OF OPERATION	14L CONDITION FOR WHICH C	OPERATION WAS PERFO	DRMED 76s. A VES [	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATHY
1	CONTRACTOR OF THE PARTY OF THE EXTLE	P.M. HOUR A.M. MONTH DAY	y YEAR	SJURY OCCURRED INTO	R NATURE OF HIJURY PHILEM 18,	PART ( OR PART 2)
	AT WORK A	THE PLACE OF INJURY LATHONE, STREET, FACTORY, OFFICE, FA	211. LOCAT	98	5730	199 STATE
	22s.1 certify that (II (this haspital saw the diseased plive on above (time) did (did not	0/ 01/107	and thoy'm (my	(our) opinion death acc	arred on the date and has	ur and from the couses stated
	In Shirty Ja	20539	Up of the	ATTENDING MEDIC	STAFF FOR PHYSICIAN	5/29/19
/	FUTDONY F	CARO XZA	22e ADDRE	BP//DX/H	9 AN GA	eto M/21212
	(SPECIEY)	23b. DATE 23c No	AME OF CEMETERY OR		OCATION ITY OR TOWN	COUNTY STATE
	Burial	June 2,1979 Ewi	ng Cemetery			Jersey
	24 FUNERAL DIRECTOR			250 DATE RECIO. I	BY REGIETRARIES REGIS	TRAR'S SIGNATURE
1	A.Alan Seitz, Jr.	Funeral Home 38	318 Roland A	ive.	1013	

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	97 - G 1001811)	-5		
	1911 - 11			

### TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS HER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W # BAITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATINO, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

### STATE OF MARYLAND

DEPART	MENT OF HEAL	TH AND MENTAL	HYGIENE
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

3. SEX 4. RACE SDATE OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH MONTH DAY YEAR 24 AND SOLAR PROBLEM OF BIRTH DAY SOLAR PROBLEM OF BIRTH DEATH OF BUSINE OF BIRTH DAY SOLAR PROBLEM OF BIRTH DAY SOLAR PROBLEM OF BIRTH DAY SOLAR PROBLEM OF BIRTH DEATH DAY SOLAR PROBLEM OF BIRTH DEATH DEATH DAY SOLAR PROBLEM OF BIRTH DAY S	7 1979   PM V YEAR 2d HOUR 7 1979 450 F DEATH
3. SEX   1. RACE   S. DATE OF BIRTH   MONTH DAY YEAR   S. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2. DATE   MONTH DAY YEAR   24   MONTH DAY YE	T 1979 IP M AY YEAR 2d HOUR T 1979 450 T 197
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO BIRTHPLACE (STATE OR FWHAT COUNTRY)  TO BIRTHPLACE OR FWHAT COUNTRY OR FROM THE INSTITUTION OR FROM	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)   19. CITY OR TOWN OF DEATH (IF YES, GIVE WARD OR DATES) (IF YES) AND COUNTY OF DEATH (INTERNAL OCCUPATION (TYPE OF WORK OR OF DEATH OR OR OR OR OR OR DEATH OR OR OR OR OR DEATH OR OR OR OR OR DEATH OR OR OR OR DEATH OR	APPROXIMATE INTERVAL
MARYANI	AVP  LAST  SON  APPROXIMATE INTERVAL
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. STATE  138. COUNTY  139. COUNTY  139. COUNTY  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  160. WAS DECEASED EVER IN U.S., ARMED FORCES?  (YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  18. CAUSE (b)  18. CAUSE (a)  18. CAUSE (a)  18. CAUSE (a)  18. CAUSE (b)  18. CAUSE (a)  18. CAUSE (b)  18. CAUSE (a)  18. CAUSE (b)  18. CAUSE (a)  18. CAUSE (b)  18. CAUSE (c)  18	AND  LAST  SON  APPROXIMATE INTERVAL
136. CITY OR TOWN  136. CITY OR TOWN  136. CITY OR TOWN  136. WSIDE (ITY LIMITS?  136. STREET ADDRESS  148. FATHER'S NAME  SIRST  NORTHER'S MAIDEN NAME  FIRST  159. MOTHER'S MAIDEN NAME  FIRST  FIRST  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (145. NO, OR UNKNOWN)  (149 YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  136. CITY OR TOWN  YES  NO  138. STREET ADDRESS  YES  NO  159. MOTHER'S MAIDEN NAME  FIRST  FI	
14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   160. WAS DECEASED EVER IN U.S. ARMED FORCES?   160. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (c), (b), and (c).)   18. CAUSE OF DEATH (Enter anly one cause per line for (	
I 60. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  I AST  FRST  ADDRESS  ADDRESS  ALBERTA  BELL 28 Shipley Ave  BETWEEN ONSET AND  DRYS	
NORTHIC  ORECN Effic E. JOHNSON  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO., OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  ORECN Effic E. JOHNSON  17. INFORMANT  ADDRESS  ALBERTA  BELL 28 Shiple Y AND  APPROXIMATE INTER  BETWEEN ONSET AND  THY S	
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNIKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  160. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ALBERTA, Sell 28 Shipley Ave.  BETWEEN ONSET AND  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)	
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  219-38-0315 Alberta, Sell 28 Shiple Y Ave  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  URCHIA  DBYS	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  URCHIA  IMMEDIATE CAUSE (a)	
IMMEDIATE CAUSE (a) URCHIA	YRS
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Conditions, if any, which gave rise to immediate (b) HYPER TENSIVE CARDIO-KEUA! DISPASE YRS	
cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	19 19
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES NO. NO. EXTERNAL CAUSE WAS 21b. TIME OF INJURY  NO. IN A MODITI DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART 21)	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?	AUTOPSY?
YES NO	YES NO M
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)	IES [] NO [S]
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY	
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.   STREET CITY OR TOWN COUNTY	STATE
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection, Inquiry , and in my apinion	
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
TITLE (SPECIFY)	
ACTUAL SIGNATURE BOUND CAN OLLOTAN M.D. DESTY MEDICAL EXAMINER SIGNED 5/17/7	/ /
2 EXAMINER'S NAME DAVID C. DONOVAN ADDRESS 2201 BOXMERE Rd. TIMONIUM.	5/17/79
236. BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23b. DATE	5/17/79 10NIVA. MO
(CDCC(EV)	5/17/79 MONIVA, MO
Burial 5/21/79 Mt. Calvary Cemetery Anne Arundel County, Md.	5/17/79 MONIVA, MO

BP. **DHMH - 17** (VR A15 ME (5)) 30M 7/73

C. March F/H 1101 E. North Ave

### FOR - STATE

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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		REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.	, 0 1 0
1		CEASED NAME FIRST	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	111121	HOLPN	B.	Do k	nsan		5 19 79	12 4 SPM
	3 SEX		4 RACE	S. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT		
	F	emale	white	1 MONTE	1. 3 1901	77	YRS MONTHS DAY	S HOURS MIN
		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
5		MD.	U. S.A	• WIDOWE		BALI	E. Co.	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		ROTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR
1	Be	alto MD.	DALTO.	-0 (-5	N. 403D	HOUSEV	LIFE	
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF			NATIONAL PROPERTY AND ARCHITECT	, / '		
S		MD. BA	-470.	ORTOWN	YES NO P		URCH L	ANE
	14 FA	THER'S NAME	my ()	NN S	15. MOTHER'S MAIDEN NAM	ME DOLE	Lines	TTTEL
11	14a \A.	AS DECEASED EVER IN U.S. AR	MED EODCESS THE SOCI	AL SECURITY NO	17. INFORMANT	ADDRI	FSS	1 46 0
			E WAR OR DATES	-74-955		57 11		
			17.7	-17-133	E Ec. W.	JOHN SOK		Winds Single
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE				01/0	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
			TE CAUSE (0) Carre	i » pumm.	in amost	CAN		
		4292	DUE TO, OR AS A CO	NSEQUENCE OF	Scizzre Co	relia or	mything -	
		Conditions, if ony, which	(b)		م) و ١١٠١	~au - 0.	2, .	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	To vantinu	ear tea	ncardia	
	11	underlying couse lost	(- (c)					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
	ON I	Asicun c	perment	grave	maker,	COPD.		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
G	TIF					YES NO	YES 🗌	NO 🗌
		210. ACCIDENT WAS UNDERLYING	110.00 4 44 4400	ITH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART T OR PART 2	
	SAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	AIR	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	wn COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	, OFFICE, FARM, ETC.)	STREET	CITORIO	VIV COUNTY	SIAIE
		220.1 certify that (1) (this hosp	ital) attended the decease	d from 5 =	19 19 79		19-1979	, that (I) (we) lost
	- 1	sow the deceased alive on	5-19-	19 79,00	d that in (my) (our) opinion o	death occurred on the d	ate and hour and from th	ne couses stated
	-	22b. SIGNATURE	of I view the body offer deat		DEGREE		22c. DA	TE SIGNED
		R. M.	Shal		ATTENDING PHYSICIAN	MEDICAL STA		19.20
-		226. PHYSICIAN'S NAME ITYPE O			22. ADDDESS			7
		a. m	. SHAH		Balinar	( conty	General	hispital.
-	22- 0	LIDIAL CREMATION PROCESSION		Tage NIAME OF C		23d. LOCATION	,	
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	THE NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	750mm	C N
	24 51	DOF 175	12-17-17	DKU!	DRIDGE	E REC'D BY REGISTRAR	25h 880 0 0 0 5 5 0 0	- Aller
	Z	NAME BILLY	10 0 00	DOPESS 10	ma: MA	Y 2 2 1979	which	7
-	1	1200 Mi and 1 1/20 . 11 1	W. And . The	100011110	1 /-1/ /			

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 sh with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examine.

(VR A 15 (4))

TENDER TOWN TO THE TOWN TO THE STANDARD 215-74 Both GEOWN JOHN JOHN - D. S. 

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.	3 - 1 0	9 1 6
I. DECEASED NAME (TYPE OR PRINT)	ONEI		S.		NSON	20 DATE OF DEATH	5 21		26. HOUR
1. SEX Fema.	le	4 RACE Whi	te	5. DATE (		6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	
78. BIRTHPLACE (STA	lvania	US		WIDOW		9 BALTIMORE CITY O	e Coun	ty	MC
Catonsvil	lle	2311 L	Jestchest	ADDRESS) er Av	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIFE	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE	13b COI	or other institution JNTY LIMORB	13c. CITY OR TOW Catonsv:	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2311 West	cheste:	r Aven	ue
14 FATHER'S NAME FIRST Samue	el.	WIDDIE	Snyder		IS MOTHER'S MAIDEN NA	MIDDLE		Althof	rsi F
160 WAS DECEASED (YES, NO OR UNKNO)		RMED FORCES? IVE WAR OR DATES)	212-74-30		Jerome B. Jo	ADDR hnson Same	ess as #1:	3	
Conditions, if gover rise to couse (a), underlying	if ony, which o immediate stoting the cause lost	DUE TO, O	Pretized.  RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO D	NCE OF	Caremon Jarnz	MINAL DISEASE OR CON	IDITION GIVE	2	ZMATE PITERVAL I ONSET AND DEATH ZARO
190 DATE OF C	OPERATION .	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			INGS USED S OF DEATH?
OR CONTRIBUTION (IF EITHER, NOTIF 214 INJURY O	NOT WHILE	R) HOUR A.	M. MONTH DA	19	21f LOCATION STREET	RED (ENTER NATURE OF INJU		RT I ORPARE 2	STATE
sow the cobove, (1)  22b. SIGNATU  22d. PHYSICIA	hot (I) (this has deceased alive of (No.) (dhid) (did in RE	On The body	gu Dy.	m	22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	5r2	E SIGNED 21-79
Wilm 230. BURIAL, CREMA			Sr, M.D.		6209 Frederi	234. LOCATION			
(SPECIEVI	ial	5/27/7			non-band Car	CITY OR TOWN	011	COUNTY	STATE

Ellicott City DOLITAT Good Shepherd Cem. Howard 24 FUNERAL DIRECTOR Witzke Funeral Homes of Catonsville 22 1979 1630 Edmondson Avenue Catonsville, Maryland

BP.

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cempital should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages I and 2 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal

injury, or other troumotic event, the

MPORTANT. If hem 21 is morked or them 18 shows ony

ATTENDING PHYSICIAN: The law requires that the death certificate be

the haspital ar attending physician

TO HOSPITAL

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				CERT	TIFICATE (	)F DEATH		19.	- 109	11
10		ECEASED-NAME First	7	Middle	lo	st	20. DATE OF DEA		50	2b. HOUR
1	(	Type or print) KaTTI	P	Deans	JO	Nes	may	Month / 7 Doy	1977 eor	3 7.M
	3. SI	X	4. RACE	-	S. DAT	E OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	75	remale	Bla		m	arch1,19	02	ost birthdoy) 77 YRS.	MONTHS DAYS	HOURS MIN
7		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WI	0	MARRIED NEV	EK MAKKIEU	9. COUNTY OF DEA	TH - O C		
0	10. (	VORTI ORIINA	111 1		/IDOWED X	DIVORCED 120 USUAL	L OCCUPATION (Kin	MOKE	TION KIND OF	Md.
20	d	Oyndalk	gives	NAME OF HOSPITAL OR INSTITUT street oddress) SOMESTWA	797	during mos	ost of working life	even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
0	13o. odm	USUAL RESIDENCE (Where deceos	136. COUNTY		34 Tile he	13d. INSIDE CITY LIA		AND NUMBER'	x59E	9
111	14.	FATHER'S NAME First	Middle	Lost	1s. MOTH	ER'S MAIDEN NAME FIL		Middle		Lost
27		)ted Row		DLENS	14 - 6					
27		. WAS DECEASED EVER IN U.S. ARA	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMA			Address		
2		es, no, or oriknown	101 01 00112 01 201112 7	245-48-956	91 )+0	TRVOY B	LINN 7	413 10/69		31313
		18. CAUSE OF DEATH (Enter on		ine for (o), (b), ond (c).)						MATE INTERVAL DISET AND GEATH
		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (o)	CONFESTIVE )	HEURT	FaILURY	P		20	lays
		5839		AS A CONSEQUENCE OF	95	ALCED TO LET				1
	-	Conditions, if ony, which gove	161	nelka	Tis				14	m.
		rise to immediate couse (a), stating the underlying couse		AS A CONSEQUENCE OF			Windows			
		lost.	(c)	HA-1THA	1/15				101	m.
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBU	JTING TO DEATH BUT NOT R	ELATED TO THE TO	ERMINAL DISEASE ORCC	ONDITION GIVEN IN	PART I(o)	7	
	2	. 1	LyneR Te	PASIDA						
1	ATIO	190. DATE OF OPERATION 196.	CONDITION FOR WH	HICH OPERATION WAS PERFOR	MED 200	a. AUTOPSY?		, WERE FINDINGS CO	ONSIDERED IN CI	ERTIFYING
7	CERTIFICATION					YES NO	CAUSES OF	DEATH?		
10	ER	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJU	JRY OCCURRED (Enter	noture of injury in	Port 1 or Port 2, 1	tem 18.)	
9	MEDICAL	OR CONTRIBUTING CAUSE OF DE.		Month Doy Yeor					DE UT	
	MED			( AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	) 21f. LOCATION	Street or R.F.D. No.	City or 1	own	County	Stote
		at work of work			4.0		1 - 100	10"		10 ( ) (
		22a. I certify that (I) (th	is haspital) attr	tended the deceased fi	rom and the	in (my) (aur) apin	S, TO	7416, 19	16_, that	(I) (we) last
		causes stated above	e. (I) (we) (did)	(did not) view the body	v after death.	in (my) (au) apm	non deam occu	rrea ar me au	re and navi	and from the
		22b. SIGNATURE	111 (110) (11-)	Tara tra		/			DATE SIGNED	
		William C.	Alorlo.	mi).		TTENDING ME		AFF US.	:17-7	19
,		22d. PHYSICIAN'S	-	111-11-		2e. ADDRESS	RECTOR		11	1
		NAME (Type)	IaM Q.	Wade M.	D. 1:	3005 DULA	VELOW RA	P. Dunde	alt Mick	21222
	230	BURIAL CREMATION, 23b. I		23c. NAME OF CEME	ETERY OR CREMA	TORY			(County)	(Stote)
	-	REMOVAL (Specify) 5/	20/79	New Hop	e Ceme	tery	Rocky	Mount,	(555)	N. C.
-51	24.	FUNERAL DIRECTOR		ADDRESS		25o. REC'D BY		25b. REGUSTRAR'S	SIGNATURE/	ady
25M	W	m. C. March	F/H 11	101 E. Nor'	th Ave	VARATA	1 8 1979	proper	911	

DHMH - 16 3/72 (VR A15 (4))

### STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENT		REG. N	. 75	01-0	918
	CEASED NAME ORPRINT)	FIRST E DW		HENRY	KA	ISER, SR			MONTH	OAY YEAR	26 HOUR 5: 15PM
3. SE	X	4.	RACE		5. DATE C		-	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
Ma	ale		Cauca	sian	Jun	e 11,191	EAR 5	63	YRS	MONTHS DAYS	HOURS MIN
70 BI	RTHPLACE ISTATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNT	RY2 8	v		BALTIMORE CITY		Y OF DEATH	
	aryland		U.S.A		MARRIE			BALTIMO	DRE C	COUNTY	MD.
	OWSON				TCHARLE	S ST 21		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Truck D	F WORKING L		hwayssor Supply
13a S Ma	al residence (if Nui State Aryland	TSI COUNTY	HER INSTITUTION	13c CITY OR 1	sefore admission) town imore	13d INSIDE CITY LI YES 🕅 NO		3e STREET ADDRESS 2804 OV	erla	nd Ave	21214 enue
14 FA	John	Kaiser		LAST		15 MOTHER'S MAI FIRST Jen		Croucher		LA	AST
16a V	VAS DECEASED EVE	R IN U.S. ARME	D FORCES? AR OR DATES)		5-7438	Betty K	aise	er(wife)		as 13	3.41.79
	Conditions, if any gove rise to in couse (a), statunderlying couse	y, which nmediate ing the e lost	DUE TO, O  (b)  DUE TO, O  (c)	DR AS A CONSE	EQUENCE OF		LUNG	nal disease or con	DITION	WENT IN PART I	
CERTIFICATION	19a DATE OF OPERA				777	N WAS PERFÖRMED		20a AUTOPSY?	20b IF YE	ES, WERE FINDI	INGS USED
	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH		OF INJURY M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			
MEDICAL	216 INJURY OCCUP	WHILE		OF INJURY TREET, FACTORY, OF		211 LOCATION STREET		CITY OR TO	WN .	COUNTY	STATE
	22a 1 certify that ( saw the recea above, (1 (Ve)	l) (this hospital sed alive on (did) (AdXiot)	ottended it	ne deleosed fro ofter death.	19, or	nd that in (mX) (our)	opinion de	to 5-14	ote and ha		
	1	an	7.14	cero	>		IDING ICIAN	MEDICAL STA	FF X		14-79
	22d. PHYSUEIAN'S N		MUNO:	Z		22e ADDRESS	GBM		СНА	RLES S	T 21204
230 E Bi	BURIAL, CREMATION SPECIFY UPIAL	, REMOVAL	23b. DATE 5/17/			emetery or crem wn Cemet	cery	Baltim		COUNTY	Mã.
	chimunek ome, Inc.	Funer	ral	333 Bal	1 Breh to.Md.		MAY	1 5 1979	25b. 00 18	TRAR'S SONA	Zire

DHMH - 16 60M 1/75 (VR A 15 (4))

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s the buriof-transit permit. Then and Mental Hygiene priar to be Item 18 sho

should be detoched for use os the with the State Dept. of Health and TO FUNERAL DIRECTOR:

IMPORTANT

THT 20 15 SELECTION The second of th 1 tot a second second second TAN TOTAL TYPE

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requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

### STATE OF MARYLAND

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7	q	-		U	7	-	J
	V			-			

1 -	STATE REGISTRAR	DEPART		FICATE OF DEATH	79 - 1	0919
	CEASED NAME FIRST Sister	Mary Coelesti	a Kaj	ppel	20 DATE OF DEATH MONTH D	79 3:40 P
3. SE	· Temale	White	5 DATE (	OF BIRTH H DAY YEAR 24 89	6 AGE (IN YEARS LAST BIRTHDAY)  NO. 10	FUNDER YEAR IF UNDER 24 HRS
Î	Phila. Pa.	76 CITIZEN OF WHAT COUNTRY	MARRIE	Total Control of the	Baltimore C	
G	liv or town of DEATH	11. NAME OF HOSPITAL, NURSI UF NOT IN SUCH FACILITY, GIVE STREE VILLA Maria	T ADDRESS)		Teacher	126 KIND OF BUSINESS OR INDUSTRY Education
13a S	laryland Bal	or other institution, give residence before the control of the con	re admission) NN LTM	YES NO X	13630 Glen A	rm Road
	Andrew	Kappel Kappel		Elizabet	n MIDDLE	Essig
16a V		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 219 54	URITY NO.	J1 Sister	Mary Grau s	ame
	PART 1. DEATH WAS CAUSE	anly ane cause per line far (a), (b), a ED BY ATE CAUSE (a)		dro pela a	next	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MEDICULOC
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEOU		ASCUD		your
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU		age		/
TION		Sergue des	usec	21	INAL DISEASE OR CONDITION GIVI	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		YES NO YES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	FATH HOUR A.M. MONTH (	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM T.8, P.)	IRT 1 OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	, FARM, ETC.)	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive are above.	n 29 19			death accurred on the date and hour	
		23ousun)			MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
		nce Boas, M. I			Adam Rd. Cocke	ysville,
(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	May 31, 1979 S	Siste			COUNTY STATE
24 FI	UNERAL DIRECTOR Cuttan Funeral	Home, 308 High	mbridg St.,	ge, Md. 250 D	5N4 1979 256	Chair Frenchischer

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the forming should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 73 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other troumatic event, the medical

tion of the first of the second of the secon Company and the second of the half will your tenings to the same the same and the same than the same t the same with the same of the ment that district the first of the in the companies of the decrea sumerations, son states, we.

deoth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the hospital or attending physician.

### STATE OF MARYLAND

S. Kirkley, Glen Burnie, Md.

FOR STATE

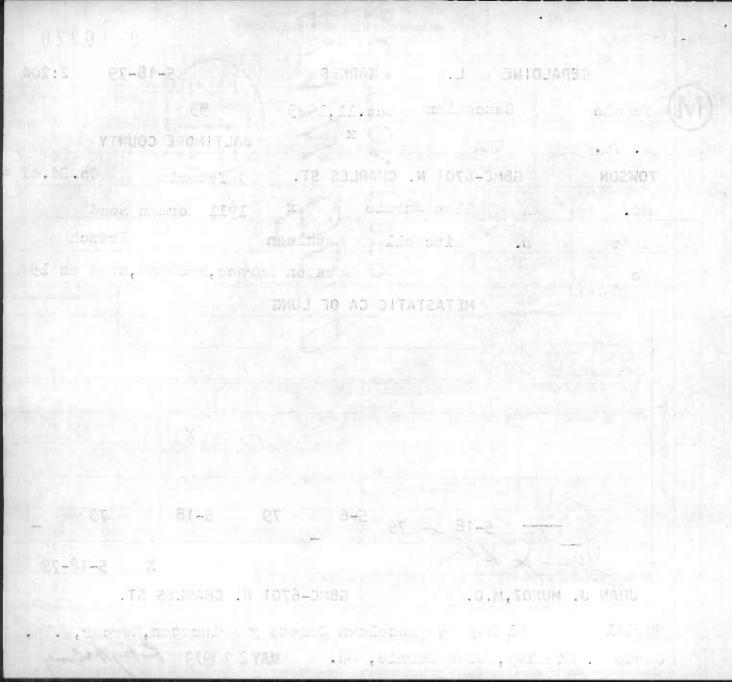
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	7	n		-	0	0	2	n
NO.	1.	J	dony		U	J	1	U

							REG. NO	).		
		CEASED NAME FIR	ALDINE	MIDDLE		ARNES		5-18-7		26 HOUR 2:20
M	SEX	x Female	4 RACE Cat	ıcasian	S. DATE O	. 11,1925	6 AGE (IN YEARS LAST BIRTI	YRS	UNDER I YEAR	HOURS N
5		RTHPLACE ISTATE OR FOREIGH	US		8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALT I MORI			
6		TOWSON	GBM	C-6701 N.	CHA	RLES ST.	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Cafeteri	WORKING LIFE)	126 KIND C	Bd. o
35	130 5	Md.	COUNTY	Glen Bu	rnie	YES NO	13. STREET ADDRESS 1911 Nor	man F	Road	
21		Wade	MIDDLE D.	Mitche		Kathleen	MIDDLE		renci	h
2	16a V	vas deceased ever in u yes, no or unknown) (if y No	I.S. ARMED FORCE (ES, GIVE WAR OR DATES		RITY NO.	Houston Ka	arnes, hust		same	as 13
			the DUE TO	O, OR AS A CONSEQUE	NCE OF					
	CATION	cause (a), stating to underlying cause la	the DUE TO		DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASE OR CONE	20b. IF YES, V	WERE FINDIN	NGS USED
2	TIFICATION	couse (a), stating to underlying couse la	the DUE TO	S CONTRIBUTING TO D	DEATH BUT			20b. IF YES, V		NGS USED
29	CAL CERTIFICATION	couse (a), stating to underlying couse la	ANT CONDITION:  1 196 CO  ING  216 TIM HOUR	S CONTRIBUTING TO D INDITION FOR WHICH	DEATH BUT		200 AUTOPSÝ? YES NOX	20b. IF YES, VIN CERTIFYII	WERE FINDIN	OF DEATH?
29	MEDICAL CERTIFICATION	cause (a), stating (underlying cause la PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE	ANT CONDITION:  1 19b. CO  1 19b. CO  1 19b. CO  1 19b. CO  2 1b. T/M  HOUR  AMINER)  2 1e PLA	S CONTRIBUTING TO D INDITION FOR WHICH LE OF INJURY A.M. MONTH DA	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NOX  RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, NIN CERTIFYII YES YIN ITEM 18, PART	WERE FINDIN	NGS USED OF DEATH?
29		COUSE 10), stating underlying couse la la part 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXITY WHILE IN JURY OF WHILE IN NOTIFY WHIL	ANT CONDITION:  ANT CONDITION:  196 CO  196 CO  197 CO  198 CO	S CONTRIBUTING TO DE NOITION FOR WHICH A.M. MONTH DA P.M.  CE OF INJURY E. STREET, FACTORY, OFFICE, F.	OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET  19 79  10 that in (my) (our) opinion of	200 AUTOPSY?  YES NOX  RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, VIN CERTIFYII YES YIN ITEM 18, PART	were Finding Causes  tion Part 2  countr  and from the	NGS USED OF DEATH? NO  STATE that (I) (we) couses stated
29		COUSE 10), stating underlying couse la	ANT CONDITION:  ANT CONDITION:  196 CO  196 CO  197 CO  198 CO	S CONTRIBUTING TO DE NOITION FOR WHICH A.M. MONTH DA P.M.  CE OF INJURY E. STREET, FACTORY, OFFICE, F.	OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.)	211. LOCATION 211. LOCATION STREET  5-6, 19 79 and that in (my) (our) opinion of the physician physician	200 AUTOPSY?  YES NO ENTER NATURE OF INJUR  CITY OR TOW  10 5-18  death occurred on the do	20b. IF YES, IN CERTIFYII YES IN TEM 18, PART	WERE FINDING CAUSES  TI OR PART 2]  COUNTY  And from the	NGS USED OF DEATH? NO  STATE that (I) (we) couses stated
2		COUSE 10), stoting underlying couse lo.  PART 2. OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX, 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this sow the deceosed of obove, (1) (we) (did) (	ANT CONDITION:  ANT CONDITION:  196 CO  196 CO  197 CO  198 CO	S CONTRIBUTING TO DE NOITION FOR WHICH A.M. MONTH DA P.M. CE OF INJURY E. STREET, FACTORY, OFFICE, F.	OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.)	211 LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NOX  NED (ENTER NATURE OF INJUR  CITY OR TOW  to 5-18  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFYII YES YIN (TEM. 18, PART) N 19 te and hour o	were FINDING CAUSES  1 1 OR PART 2]  COUNTY  79  and from the  22c. DATE  5-18	NGS USED OF DEATH? NO  STATE  thot (I) (we) couses stoled

MAY 2 2 1979

BP. DHMH - 16 50M 1/76 (VR A 15 (4))



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed within 72 hours after deith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at ance.
TO H	Show with	IMPO

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	7	0		1	n	a	7	1
REG NO	-	J	-	1	U	J	6	

1		ECEASED NAME FIRST MIDDLE TE OR PRINT)		L,	LAST 20. DATE OF DEATH MONTH DAY YEAR 21				26. HOUR				
1		A	NASTA	SIA		KAI	RPEWICZ	5.05	MA	y 19	1979	5 1	D M
1	3. SEX	(	4	RACE		5. DATE O			AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24	MIN
4	F	emale		White		9	20 18	88	90	YRS	ONING	HOURS	Mina
d	7a BIR	RTHPLACE ISTATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIE	9	BALTIMORE CITY	R COUNTY	OF DEATH		
	A	ustria	200	Austri	a	WIDOWE			BALTTMOI	RE COU	עידיע		MD.
	10 CI1	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSI	NG HOME O	DIVORCED BALTTMORE COLINTY  ROTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					F BUS INESS	
		OWSON			OSEPH H		L		Housewife			F ( )	
1	130 S	AL RESIDENCE (IF NURSI TATE Saryland	136 COUNT	OTHER INSTITUTION, Y	13c. CITY OR TOV	WN	13d INSIDE CITY LIM	_	624 S. Um	bra St	reet		
Ī	14 FA	THER'S NAME		DDLE			15 MOTHER'S MAID	ENNAME				HAS.	
6		Custer	M	DULE	Balko		Mary		Ann		LAS	II.	
	160 W	AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT	120	ADDR				-
-	(Y)	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	219-01-1	532-F2	Mrs. An	na. Pa	anceszyn,	524 S.	Umbra	Stree	et
			1.5.4.		landaria the a					Baltim	APPROX	IMATE INTERVA	AL
ı		PART I. DEATH W.	AS CAUSED	BY							BETWEEN	ONSET AND DE	ATH
9		11000	IMMEDIATE CAUSE (o) Cerebrovascular accident										
1		4-272 DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gave rise to immediate											
4		cause (a), stating	g the	DUE TO, O	R AS A CONSEQU	JENCE OF							
4		(c)											
9	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
-	ATIO	190 DATE OF OPERATION 196 CONDITIO		TION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	NGS USED	-	
4	CERTIFICATION							251.71	YES NO NO	IN CERTIFY YES	YING CAUSES	OF DEATH	?
7	CER	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH [	DAY YEAR	21c. HOW INJURY C	CCURRED	D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)		
	AL	OR CONTRIBUTING C		H HOOK A.		19							
	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATION	STAL.			COUNTY		
	X	WHILE AT WORK AT WOR	RK -	(AT HOME, STE	EET, FACTORY, OFFICE.	FARM, ETC.)	PIMEEL		CITY OR TO	VN	COUNTY	STAT	Ł
1		220.1 certify that X		of ottended th	e deceased from	APRI	L 18 19	79	ta MAY	9	9 79	that TK(we	e) lost
		sow the decease above, (1 (we) (d	d olive on	MAY 19	19_		d that in (i) (aur) o	pinion dec	ath occurred an the d	ate and hour			
		22b. SIGNATURE	ig) (a) f hay	view the body	atter death.		DEGREE				22c, DATE	SIGNED	
	100	let.	me	- L			ATTEND	ING -	MEDICAL STA	FF CHANGE	Mary	21.19	70
-		22d. PHYSICIAN'S NA	MF LIVER OR	OBINIT\			22e ADDRESS	IAN X	DIRECTOR   PHYSIC	IAN [	riay	21,19	13
	900						7620 YOR	K PO	AD TOUS	N MAR	UT AND	21204	
4				rmona,						AT PART	ILMIND	21207	
	73a B	URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
				5-23-	79 St	. Star	islaus Cer				altimor	e Md	
		cholas T.	Madal		ADDRESS			ADY .)	REC'D. BY REGISTRAR	French	4/20	rooty	
	14.7.	cholas T.	rattn	ews, 30	21 Easte	rn Ave	., Baltimo	ore *	0 10/0			1	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

must be notified at once.

TO FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filed within 771 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

MMORTANI: If them 21 is marked or them 18 shows any injury, an other traumatic event, the medical examiner must be notified at ance

### STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEP	CERTIFICAT	AND MENTAL HYGIE OF DEATH	REG. NO.	79-10922
-	DECE	EASED NAME FIRST FLORE,	MIDOLE A	KEDR	we u	20. DATE OF DEATH MONTH	-9.79 7P, M
ŀ	3 SEX		RACE	S. DATE OF BIRT	DAY YEAR 22 1897		MONTHS DAYS HOURS MIN.
Ì	7a. BIR	THPLACE (STATE OR FOREIGN 76.	U.S. A.	MARRIED WIDOWED X	NEVER MARRIED   DIVORCED	9. BALTIMORE CITY OR COL	County MD.
	F	arkton 1	NAME OF HOSPITAL, N	PARET ADORESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YORK 170USEWITE	INDUSTRY HOME
	13s. ST	111d. Bal	HER INSTITUTION, GIVE RESIDENCE IN THE DITY OF	Ton YES	NSIDE CITY LIMITS?	13e STREET ADDRESS	ork Rd.
	1	Villiam I	Dull	ST	MARY OFFICE AND THE STREET	Ann MIDOLE Y	tle LAST
	16s W	AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W.		7-6347 D	oris E.S	tahler, 901 M	iller Rd. Park 10 n APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED & IMMEDIATE ( Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	ISEQUENCE OF	.D.		
2	NO.	PART 2. OTHER SIGNIFICANT CO	reinon	WHICH OPERATION W	Colon	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART I ORPART 2)
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (me) (did) (did not)	9/7/79	, and the		death accurred on the date ar	nd hour and fram the causes stated
		22b. SIGNATURE. M.	Fran	co hit	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1/0/20
/		A. M. F	RANCE		PARKT	TON MY 2/	1120

The DANAPOD BYREGISTARS ISA REGISTRARS SIGNAL

BP. DHMH - 16 25M

FUNDRAL DIRECTOR

(VR A 15 (4) ) 9/74

That is a negret of the fall of Ellerance Throngs of Shire A. T. C. W. Cherry (Date Hall Ed to No.

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	REG. N	79-	10	923
	CEASED NAME	FIRST	1	MIDDLE	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(ITPE	William		Н	art	Keel	er	5/17/79			11:00 м
3 SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		DER 1 YEAR	IF UNDER 24 HRS
	Male		White		MONTH 6	20 1911	67	YRS.	S DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
	ew York		USA		WIDOWE		Baltimor	e County		MD.
10 C	ITY OR TOWN OF DEA	ТН				R OTHER INSTITUTION	120 USUAL OCCUPAT		L KIND O	OF BUSINESS OR
	Towson	II E				st. 21204	Supervi		_	in Co.
USU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1 - 5 -		
	Md.	Balt		Timoni		YES NO X	114 Long	gdale Rd	. T	imonium
14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
	William			eeler		Violet	WIODLE	Simo	nson	n
160 WAS DECEASED EVER IN U.S. AR				166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
Y	(ES, NO OR UNKNOWN)	WW.	WAR OR DATES)	067-09-	4750	Noradeen 7	r. Keeler,	114 Lon	gdal	le Rd.
7	Canditians, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last	D BY- E CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)	Cardiovs R AS A CONSEQUE R AS A CONSEQUE Ca of es	NCE OF SOPhas	ar collapse  gus	NINAL DISEASE OR CON	NOTTION GIVEN IN		MANE INTERVAL ONSET AND DEATH
ATIO	19a DATE OF OPERAT	HON	In COND	TION SOB WHICH	ODEDATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	DE EINIDAN	NOS HEED
FICA		ION						IN CERTIFYING	CAUSES	OF DEATH?
T C	5/10/79		EXPLO	ratory 1	aparo		YES NO X	YES [		NO [
MEDICAL CERTIFICATION	OR CONTRIBUTING C	AUSE OF DEA		M. MONTH DA	YEAR					
MED	21d INJURY OCCURR WHILE NOT WE AT WORK	HILE [7]	21e PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET CITY OR TOWN COUNTY STATE				
	220.1 certify that (I) saw the decease above, (I) (we) (d	d alive an	5/17	/79 19		/79 , 19 d that in (my) (aur) apinian	to $5/17/79$ death accurred an the c		from the	
	226 SIGNATUR	y '	4.2	Vyche			MEDICAL STA	AFF	5/	\$1GNED
	A CARRIED LA COLONIA DE LA CARROLLA DEL CARROLLA DE LA CARROLLA DEL CARROLLA DE LA CARROLLA DE L	Wych	, M.D.	1		GBMC, 6701 N	. Charles	Street, 2	1204	
230 B	Burial, CREMATION,	REMOVAL	23b. DATE 5/21/			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	vs ville 1		STATE

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the haspital ar attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conshould be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

E. Lowell Lemmon, 10 W. Padonia Rd.

1979

250. DATE REC'D, BY REGISTRAR 256. REC ISTRAR'S SIGNATURE

62691-67 1184 35 W. H. W. Fisher Consider T. Deck. . Life Collins

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A STEEL CONTROL OF Almost . Let not man - 34

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filled in by the filodula bould be filed with

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and comples should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT. If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exam

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NO	7	9	_	1	0	9	2	4
NO		~			0	-	- Comp	

1		REGISTRAR			CERTIF	ICAIL OF DEATH	REG.	NO.	10	S Sun
		CEASED NAME BRST LEON	na R	uth		.ley	May 8		AY YEAR	26 HOUR 6:30p
١	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST I	-	F UNDER 1 YEAR	IF UNDER 24 HRS
1		Female	Whit	e	Nov	. 23,1905	73	YRS	ONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		Maryland	U.S.A		WIDOWE	DIVORCED [		ore Coun		MD.
	-	TY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY SIVE STREET A BIN Stree		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		INDUSTRY	OF BUSINESS OR
		eisterstown					Sales		Ant	tiques
,	13a S1	RESIDENCE (IF NURSING HOME OF TATE 136 COUN Md. Balto	VIY	131. CITY OR TOWN eistersto	4	13d INSIDE CITY LIMITS?		s in Stree	et	
0	14 FA	THER'S NAME David	MIDDLE	Jones		15. MOTHER'S MAIDEN NA FIRST Elsie	AME		LAS	ST
1	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	238 M	ain St.,		
1		No		216-07-0	094	Virginia Is		terstown		
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per	line (a), (b), and	c	11	11011/4-14	3.7		ONSET AND DEATH
1			TE CAUSE (a)	Carcin	um	a - Colo	n wa	t	30	years
		1539	DUE TO, OI	R AS A CONSEQUE	NCE OF	+ 1,		1	1	
		Conditions, if ony, which gove rise to immediate	(b)		//	Massein	la lu	n		
		couse (o), stoting the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF				100	The state of
			(c)							
8	N	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CC	)NDITION GIVE	N IN PART 10	0
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH C			HOPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES NO					OF DEATH?
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RED LENTER NATURE OF IN	IJURY IN ITEM 18, PAR	RT 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e. PLACE	OF INJURY	19	211 LOCATION				
	WE	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR 1	OWN	COUNTY	STATE
		22a I certify that (1) (this harps	nell ottended the	e deceosed from	augu	15 1956	10 May	~ 8	979	that (I) (wee-last
		sow the deceased alive on above, (1) (wa) (did),(did) re	Muy 8	ofter death	9000	nd that in (my (and opinion	death occurred on the	dote and hour	ond from the	couses stated
		226. SIGNATURE ALC	Ne view in body	Otter deotir.	1	DEGREE			22c. DATE	SIGNED
		C. E. 114	Will	lanes	) }	ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN [	5-	9-19
		224 PHYSICIAN'S NAME THE	R RINT)			22e. ADDRESS	0.	//		1
		C. F. Ma	411141	S		111904 Nessle	natow Kd	Reistera	town	1/1/2/1/36
	23a BI	urial, cremation, removal recievi <b>cremation</b>	May 9,			emetery of crematory w Memorial P.	k. Baltimo	re, Mary	ounty /	STATE
		MERAL DIRECTOR	11	ADDRESS		250 D ¥	INSCIP. BY MEDIN	AR 254 RESTS 110	ALE SUPPLY	Buch
	A	79. Zellan	/Owin	gs Mills,	Md.	M.	MI 1 4 13/3	1	1	7
1	_	7								-

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDIN

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	300. 25 . vol			a Salar S
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		avodesed skill	.002.09	.61
	nia DE	Helio >		
. M. arter and A	on alministi	000-20-31		
		Target and the same		
			V. P.	
makered restricts.		task 6001 to A	el m	

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Pages

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and Mental Hygiene

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PHYSICIAN The this certificate

OR ATTENDING

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CERTIFICATION

MEDICAL

offe

FOR

Joseph

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

E.

16b. SOCIAL SECURITY NO.

### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10025

Mannion 21204

ADDRESS

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-10925
DECEASED NAME APPRINT	A C.	Kemp	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR CO
Female	white	July 13, 1894		FUNDER LYEAR FUNDER 4 HRS.
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	County MD
Towson, Md	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ng home or other institution indures;  I lursing Cent	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Operator	12b. KIND OF BUSINESS OR INDUSTRY Telephone
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COUI Bal			ise street address 22 W. Pennsy	lvania Ave.
Joseph	MIDDLE Fredr	ick Delia	MIDDIE	annion

N	O OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	212-03-6550 R. Earl Frederi	ick22 W. Pennsylvania
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause pe 'AS CAUSED BY: IMMEDIATE CAUSE (b)	Andrewson Lan Stuc	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  L  L  L  L  L  L  L  L  L  L  L  L  L
	Conditions, if ony,	DUE TO, C	Bley Liston, Tyles	tron week
	gove rise ta imm cause (a), statin underlying cause	mediate	PAS A CONSEQUENCE OF EMPLOYASCULAR MSCIA	
	PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)

17 INFORMANT

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERAT RTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED 21b. TIME OF INSUR DAY YEAR 21f. LOCATION TIE PLACE OF INJURY

CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY STREET, TARM, STC. 1 AT WORK hospital) attended the deceased from

saw the deceased alive or our opinion death occurred on the date and hour and from the couses stated id non view the body ofter deal 22b. SIGNATUR DEGREE 22c DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

23d LOCATION
CITY OR TOWN
Baltimore 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE STATE Moreland Mem. Pk. May15 Co. . MAY 14 24 FUNERAL DIRECTOR E. Johnson 8521 Loch Raven Blvd.

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

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FUNERAL DIRECTOR etoined by the hospital

should be detached for with the State Dept. of

MPORTANT: IF

d5601=67-00 Thomas S. Texase Sull Plus respicant to the contract of t lowson, and mark methods for a forest or the post of t Joseph on E. Fredrick - Deits | America ----- 1212-03-6550 m. Maril Prodesients i engrylands Deligher trans I was than I will Copy have the intering of the Constitution of Constitution of the Constituti Marie Com Marie  TALE I I - 25 - - - SHAM OF A CHIME SOME AND A SHAME TO BE William The Court of the Court

ond completely filled in by the funeral director oges I and 2 should be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cor should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

PHYSICIAN. ottending phys

ATTENDING

JO HOSPITAL OR ATTENDIN

injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1092
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	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0 19	- 16	1921
	CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	Baby	Boy	Kilcul	1en	March 12	1979		2:05 PM
3. SE	X	4. RACE	5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRT		DER I YEAR	
	M	W	Marc	h 12, 1979		YRS	HS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	□ NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
ì	Maryland	U.S.	WIDOWE		Baltimo	re Count	·v	MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME O		120 USUAL OCCUPATE	ON 1:	2b. KIND C	OF BUSINESS OR
	Towson	Greater Balt:		lical Center	(TYPE OF WORK FOR MOST O	WORKING LIFE)	NDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)		L			
	ryland Bal		RIOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Kove Pe	21	210
	ATHER'S NAME			15. MOTHER'S MAIDEN NA		Keys Ko		210
		irnev Kilc	ullen	Sally	WIDDLE	Olu	LAS	57
160	WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	Marie		lora	
		E WAR OR DATES)	02.00	17 11 0 11 11 11	Medical III			
	18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly ane cause per fine far (a), ( D BY)	b, and ic				BETWEEN	ONSET AND DEATH
		E CAUSE (0) Intra	uterine l	ronchopneumo	nia			
	1700	DUE TO, OR AS A CON	SEQUENCE OF					
	Conditions, if ony, which	(b)			X 73 (374 PM, 11)	- 4		
	gave rise to immediate couse (0), stoting the	DUE TO, OR AS A CON	SEQUENCE OF					
	underlying cause last	(c)						
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART II	a
ON	Prematurit	V						
CAT	190. DATE OF OPERATION	196 CONDITION FOR W	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
CERTIFICATION					YES NO	IN CERTIFYING		NO []
CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	-	Y IN ITEM 18, PART 1	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	1515				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.]	STREET	CITY OR TOW	IN C	OUNTY	STATE
	220 I certify that (I) (this hospit	tal) attanded the deserved t	from 3/12	19_79		10	79	4. 4 (1) (1) 1 1 4
	saw the deceyed drive on			that in (my) (our) opinion				that (I) (we) last
	above, (I) (worldist) (did no	t) view the bady after death.		EGREE	The state of the s		22c DATE	
	6/3/10	111	/	ATTENDING	MEDICAL STAF			
	224 PHYSICIAN'S NAME ITYPE OF	Certence	V	PHYSICIAN [	DIRECTOR PHYSIC		3/13	/79
	/,		- Va   17   18	22e ADDRESS				
	Rudiger Breite	enecker, M.D.		6701 N. Ch.	arles St. To	TWSON M	id 2	1204

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

emova1 to GBMC Seitereder

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

FOR

73b DATE

GRMC

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION Towson
250. DATE REC'D. BY REGISTRAR 25b,

Ralto

STATE

COUNTY

1979

## STATE OF MARYLAND FOR - STATE

DEPARTMENT	OF HEALTH	AND ME	ITAL	HYGIEN
CEI	RTIFICATI	OF DE	TH	

7	9	-	1	0	9	2	8

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 10020
1	I. DECEASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)  Lizet	ta L.	Kinsley	5	4 1979 H 6 M
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	3 13 1889	90 yr	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
á	MD	USA	WIDOWEN DIVORCED [	n 11:	inty MD.
1	Baltimore Co.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI 7936 Dunhill	RSING HOME OR OTHER INSTITUTION RET ADDRESS) Village Circle	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	IZB. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU MD Balt	NTY 13c CITY OR TO	ore Co. YES NOXX	7936 Dunhill	lage Circle
2	14 FATHER'S NAME	$E_{ullet}$ Last $Lanc$	g Mary	NAME	Coburn
	160 WAS DECEASED EVER IN U.S. AT (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	ecurity no. 17. INFORMANT MY -6002 T 7936 Dunhil	es. Margarêt Rada Li Village Cr., E	uskas Balt. MD 21207
2	Conditions, if ony, which gove rise to immediate cause 10, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONDITION FOR WHI	QUENCE OF CONTROL MELASED TO THE TE	ERMINADISE E OR CONDITION  THE AUTOPSYT IN CE	GIVEN IN PART 1(o)  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DE  (IF ETIMER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  NOT WHILE ATWORK  220.1 certify that (1) USA  Sow the deceased alive of	P.M.  21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFI  1) ottended the deceosed fro not view the body ofter deoth	DAY YEAR 19 211 LOCATION STREET  19 212 LOCATION STREET  19 213 LOCATION STREET  19 214 LOCATION STREET  19 215 LOCATION STREET  19 216 LOCATION STREET  19 217 LOCATION STREET  19 218 LOCATION STREE	URRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  , to  on deoth occurred on the dote and	COUNTY STATE  , 19 that (I) (I) (I) (I) (I) (II)
	230 BURIAL, CREMATION, REMOVAI		3. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
-	Burial	5/7/79	Lorraine Park	Woodlawn	Baltimore MD
			l Directors, P.A. 250. D		SISTRARIO SICONATURE
	8728 Liberty Roa	d, Randallstown	n, MD 21133 M	AY 8 19/9	ingraph coursely

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR.

Model be defined for use or the humble resist permit with the State Dept of Health and Mental Hygiene price MPONTANT: If then 21 is nearlest or them. It shows ony

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director, page 3

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	 1	0	9	2	9

	REGISTRAR		CERTII	ICAIL OF DEATH		REG. NO.	10020
	CEASED NAME FIRST	MIDDLE	. 1 1	ASI	20. DA	TE OF DEATH MONTH D	DAY YEAR 26 HOUR
	Mamie	Adele	Kintz	Le!		May 2	4/9/9 M
3_SE		RACE	5. DATE C			(IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF INDER 24 HRS
1	Female	White	12	28 03		75 YRS 1	AONIHS DAYS HOURS MIN
	IRTHPLACE STATE OF FOREIGN 7	6 CITIZEN OF WHAT COU	NTRY? 8		9. BAL	TIMORE CITY OR COUNTY	OF DEATH
	Maryland	USA	WIDOWE		BK	baltimore	County MD.
10	atonsville	1. NAME OF HOSPITAL, N Shangri-L		1	(TYPE C	SUAL OCCUPATION  JE WORK FOR MOST OF WORKING LIFE  EACHEL	126 KIND OF BUSINESS OR INDUSTRY  GOV't
	AL RESIDENCE (IF NURSING HOME OR C			13d. INSIDE CITY LIMI		min. Asst.	
N	Maryland Howa		umbia	YES NO V			ox Lane
14 F	ATHER'S NAME	IDDLE LA	ST	15 MOTHER'S MAIDE	NNAME	MIDDLE	LAST
	John	Padge			lla	WIDDLE	Swann
16a \	MAS DECEASED EVED IN HE ADM	AED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRESS9443	Bratt Lane
	YES DOOR UNKNOWN) (IF YES, GIVE V	WAR OR DATEST 577	-60-5080	Charlot	tte A.	Monroe Col	lumbia, Md.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per line for (a),	ibi, and cin.	0 1	1. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE		Casolio	u k resp.	1 Sast	areles .	
	2000	DUE TO, OR AS A CON	ISEQUENCE OF		20	11	
	Canditions, if any, which	(b)	Kerri	culum cel	X Sea	rcoma of fre	m
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			0	,
	underlying cause last	(c)					
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINALD	ISEASE OR CONDITION GIVE	EN IN PART I (a
ON							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
THE STATE OF THE S		A COLUMN TO SERVICE			YES	1	
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	OL SAN MEAN	21c. HOW INJURY OF	CCURRED (EN	TER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	H DAY YEAR	110-200			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION			The state of the s
¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
	220 1 certify that # (this hasnite	al) attended the deceased	from May	24 10	29 10	16 24	19, that (I) (we) last
- 3	saw the deceased alive on above (I) we) (did (did not)	400 pm 3 124	7 70	nd that in (my) (our) op	oinion death o	ccurred on the date and hour	
	22b SIGNATURE	yew the body offer death.		DEGREE	ON JEST	/	22c. DATE SIGNED
	~/4	1. Ku		ATTENDI		TOR PHYSICIAN	5-24-79
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	_	22e ADDRESS	AIV DIKE	TOK [] THISICIAN []	
	2	uke K	AO	Catons	ville,	Maryland	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMAT	ORY 23d.	LOCATION CITY OR TOWN	COUNTY
(	Burial	5-27-79	Trinit	y Epis. (	Cem. N	lewport, Cha	arles, Md.
_	UNERAL DIRECTOR		DECE	250	DATE REC'D	BY REGISTRAR 256. REGIST	RAR'S SAMATURE AND
H	untt Funeral	Home Waldo	rf, Mar	yland	MAIS	1 13/3	/ . / .

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please rainion with the State Dept. of Health and Mental Hygiene prior to burial, cremation at remined IMPORTANT: If them 21 is marked or tem 18 shows any injury, or other transmitters with

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death centricate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within, 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical

## FOR STATE

page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	STATE REGISTRAR	XC 03	171 390	DEPART		ICATE OF E	MENTAL HTGE	ENE	REG. NO		79-1	0930
	EASED NAME	FIRST	N	NDDLE	i	AST		20. DATE OF D			DAY YEAR	26 HOUR
(TYPE	OR PRINT)	GEORGE	MA	THEW	KI	RSTEN	JR	MAY 5	, 197	79		10:15a
3. SE)	(		4 RACE		5 DATE C			6. AGE (IN YEAR	RS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE		VHIT	E	FEB		18, YEAR 1910	69		YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	- 100		9. BALTIMORI	E CITY O		OF DEATH	
	RYLAND		U.S.A		WIDOWE	D NEVER /	VORCED	BALTI	MORE	COUN	TY	M
	PAT HOWA		(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET FORT	ADDRESS)			17a. USUAL OG (TYPE OF WORK F STON		WORKING LIF		OF BUSINESS OF
13a S	AL RESIDENCE (METATE	13b COUP		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	3101		en av	ENUE	
14 FA	THER'S NAME FIRST GEORG		MIDDLE	KIRSTEN	SR		S MAIDEN NAM FIRST <b>Y</b>	1E 7	MODE ALE	NG	KABELI	
	VAS DECEASED I	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT		ADDRE	ss /		
,,	YES		II	215 07 1	705	VAMC,	FORT HO	WARD,	MARY	LAND :	21052	
	IN CAUSE OF E	EATH (Enter or	ly one couse per	line for (a), (b), on	dicil						BETWEEN	ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause lot, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD SEVERE CARDIAC VASCULAR DIS				ENCE OF  DEATH BUT	E		NAL DISEASE			/EN IN PART 1	
IFICA	19a DATE OF OI	PERATION	19B CONDI	HON FOR WHICH	OPERATIO	OPERATION WAS PERFORMED			NO X	IN CERTI	FYING CAUSES	
		CAUSE OF DE	A (11)	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
MEDICAL	21d. INJURY OC	MEDICAL EXAMINER; CURRED NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	ON		CITY OR TOW	N	COUNTY	STATE
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	SVATUR	you K	- 2°	leoff in	· s		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		5/5	5/79
	BENJAM	IN K. Y	ORKOFF,	M.D.		V.A.	MEDICAI			ORT H	OWARD,	MD.
(:	SURIAL CREMAT		5-8-7	9 234	ARKW	EMETERY PR	KRIRY	23d. LOCAT	1720 6	000	TXT	STATE
24. FI	NAME VANS P	UNERA!	Chapal	Substitute /	HATERI	o Ro	250. DATE	RECO. BY TE	379 <sup>ar</sup>	25b. R. 5151	13 17 mg	thody

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injury, or other traumatic event, the medical exam

in signed by the ottending physicion. Then please remaye carbon papers.

should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has be

retained by the haspital or attending

ATTENDING PHYSICIAN: The

IMPORTANT. If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10931

REGISTRAR							REG. NO	1.			
1. DECEASED NAME	FIRST	٨	AIDDLE	·	AST		20 DATE OF DEATH	HINO	DAY YEAR	26 HO	UR
	ANNA	MA	E	KNIFFI	N		MAY 31,19	79			М
3 SEX		4 RACE	100	5. DATE C			6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR		R 24 HR5
FEMALE		WHITE		NOV.	2,1900	YEAR	78	YRS	MONTHS DAYS	HOURS	MIN
To. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MAI	PRIED [	9. BALTIMORE CITY OF	COUNT	Y OF DEATH		
NEW JERSI		USA		WIDOWE	DIVO	RCED	BALTIM				MD
TOWSON		MULTI	MEDICAL	CENTE	OR OTHER INSTITU R	NOITU	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND C INDUSTRY HOM		IESS OR
USUAL RESIDENCE (IF I 130 STATE MARYLAND	13b. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOVE TIMONIUS	NN	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	BURY	RD.		
14 FATHER'S NAME FIRST GARI	FIELD	LANS	SING LAST		15 MOTHER'S M	T	MIDDLE MIDDLE	CC	ONDON	ग	
160 WAS DECEASED EN	VER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE:	S		1	
NO	(11 103, 011	WHO ON DATES!	212-14-8	8805A	Robert	I. Kni	ffin S	Same	115	MATE INTE	
	immediate toting the ouse last	(b)   DUE TO, OF	R AS A CONSEQUENT ON TRIBUTING TO	JENICE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COND	ITION G	IVEN IN PART 1()	0.	
190 DATE OF OPE	ERATION	196 CONDI	TION FOR WHICE	H OPERATIO				IN CERT	ES, WERE FINDIT		TH?
0.0.00.00.00.00.00.00.00	CAUSE OF DE	LIOUD A	M. MONTH D	DAY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18.	I, PART 1 OR PART 2)		
VHILE NORWALL AT WORK	OT WHILE T	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	•	211 LOCATION STREET		CITY OR TOW	4	COUNTY	5	STATE
	eased alive on e) (did) did no	tal) attended the			hot in my (ou	19	eoth occurred on the do	te and ha	our and from the		toted
226. SIGNATURE	ww	412	30	<b>N</b>		ENDING YSICIAN	MEDICAL STAF		27C DATE	SIGNED	9
DECEMBER 1981	OWARD H		M.D.		9618 B	ELAIR	RD. BALTO.	, ME	2123	6	
230 BURIAL, CREMATIC TRANSIT BU		JUNE 5		NAME OF C	EMETERY OR CRE		POUGHKEE PS		COUNTY	51	TATE Y.

6500 YORK RD.

BALTO., MD.

ADDRESS

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	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL H ICATE OF DEATH	YGIENE REG. NO	79.	-10932
		CEASED NAME FIRST	MIDDLE	L	AST	2R DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	11111	Thomas	Edward	KOER	NER, JR.	May 28,	1979	3:28am
Bu	3. SE		4 RACE	S DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR IF UNDER 24 HRS
W		Male	White	момти Ма У	28, 1979 YEAR		MONTHS	DAYS HOURS MIN
1	7n. 8	RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	2 8		1 BALTIMORE CITY O	R COUNTY OF D	
525	· c	Maryland	U.S.	WIDOWE	D NEVER MARRIED &		re Count	V AAI
ed of	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME C		17ª USUAL OCCUPATE	ON 121	L KIND OF BUSINESS OR
1	Ba	altimore	Franklin Square		ital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	None
8	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)				None
\$ Some		aryland   Balt	imore Is City or to	WN	134 INSIDE CITY LIMITS?	13x. STREET ADDRESS	ct Dleas	ant
- je		ATHER'S NAME	IIIIOT C		15. MOTHER'S MAIDEN I		C Fleaso	anc
E 43			MIDDLE LAST		FIRST	WIDDLE		LAST
0	16e \	Thomas Ed	ward Koerni MED FORCES? THE SOCIAL SEC		Theres	a Ann	SS	Hutchison
medical		YES, NO OR UNKNOWN)     I IF YES, GIVE	WAR OR DATES)		THE COMMON			
E e		No		one				D. D. A. VIII.
, t		PART I DEATH WAS CAUSE	ly one cause per line for (a), (b), o D BY				-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5		IMMEDIAT	ECAUSE (a) Prematu	rity w	ith			
Tale		765/	DUE TO, OR AS A CONSEQU	JENCE OF				
P. C.		Conditions, if any, which	( Absent	respir	ations			
ather		cause (0), stoting the	DUE TO, OR AS A CONSEOU	JENCE OF				
0 0		underlying cause last	( Ic)					
ulory.	N O	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	OITION GIVEN IN	PART I(a
Loo	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20m AUTOPSY?	206. IF YES, WER	RE FINDINGS USED
SMO	F					YES KI NOT	YES T	CAUSES OF DEATH?
8 0	1 2	21g. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OI	
E		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH [	DAY YEAR				
or he	MEDICAL	214 INJURY OCCURRED	21st PLACE OF INJURY		211 LOCATION			
ked	X	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TOW	'N CO	DUNTY STATE
alor mor			tal) attended the deceased from	5/20	1:35 am 19 79	10 5/28 3	20am 1970	9 , that (lix(we) los
2115		sow the deceased alive on above, (J) (we) (did) (did) no	5/20 1) view the body after death.	79, on	id that in (ny) (aur) apini	on death occurred on the do	ate and haur and t	from the causes stated
Dept H	1		the MD	(	DEGREE			12C DATE SIGNED
=		-02		0	ATTENDING PHYSICIAN	MEDICAL STAF	IANI	3/28/19
TA		228 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			
IMPORTANT: #		Steven Mohlie	, M.D.		9000 Frank	lin Square Di	r. Balto	, Md 21237
3	23n. I	SURIAL CREMATION REMOVAL		NAME OF C	EMETERY OR CREMATOR		COUNT	
	1	Disposal	F	ranklin	Square Hos	n. Baltimor		arvland
2011	24 F	JNERAL DIRECTOR	ADDRESS	THE I	25a D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
6 20M 4) 7/78		NONE	WDDK£22			JUN 5 1979	Tintre	McCready
	8.					CACLE NO. L.		A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

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## FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME	FIRST		WIDOLE	L.	AST							P
		OR PRINT)	1000					20 DATE OF D	DEATH MC	JIVIII .	DAY	YEAR	2h HOL	
			Chest	er	J.	Kolo:	nowski	May	29,	1979	9		?	A.
	3. SEX	(	11/200	4 RACE		5. DATE C		6. AGE (IN YEAR	RS LAST BIRTHD		IF UNDER		IF UNDER	24 H
3		Male		White			1 20°, 1910°	69	12.50	YRS.	MONTHS	DAYS	HOUR\$	AAH
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORI	E CITY OR	COUNTY	OF DE	ATH		
75		ennsylvani	La	U.S.	A.	WIDOWE		Balt:	imore	Cour	ntv			
	10 CI	TY OR TOWN OF D	EATH				OR OTHER INSTITUTION	12a. USUAL O	CCUPATION	N	12b 1		F BUSINI	SS
00		butus		5006	CHFACILITY, GIVE STREI Gateway	Terrac	e	Accoun		VORKING LIF		ustry <b>sti</b> r	nghou	150
	USUA 13a S	AL RESIDENCE (IF NO	IRSING HOME OR		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET AL	DDRESS					
35	Ma	ryland		timore	Arbutu		YES NOTE	5006 G		v Te	rrac	e 2	2122	7
		THER'S NAME				11110	15 MOTHER'S MAIDEN NA	ME						
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0	14	Alaxer		HED FORCES	Kolono		Leokadi	a	ADDRES	UI	nkno		227	
5		(ES, NO OR UNKNOWN)		E WAR OR DATES)	169-14			m Vala						
		no			109-14	-0407	Mrs. Matilda	1.0101	nowsk.	1,500	00 G	acew	vay	
2		PART I. DEATH		TE CAUSE (a)			1 1100	170.				//		
		Conditions, if on gave rise to in cause (o), stat underlying cau	nmediate ting the se last	(b)	DR AS A CONSEQUE	UENCE OF	Com	har	1	7		xe.	0	>
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DHMH - 16 50M 7/77 (VR A 15 (4))

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# E, MARYLAND 21201 Cuted within 24 hours ofter death. Page 4 may be completely filled in by the funeral director. page 3 s 1 and 2 should be filed within 72 hours ofter death

at once.

FOR DEPARTMENT OF HEALTH A
STATE
REGISTRAR
CERTIFICATE (

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10934

MAPATE RE 1979 GISTRAR THE HOLL TRAR SALE VALUE

	NEO IO TILO III							, NO,		
	CEASED NAME	FIRST	A	AIDDLE	l.	AST .	20 DATE OF DEATH	Н монтн	DAY YEAR	26 HOUR .
	STANLEY				KOPPE			6, 1979		6:40 M
3. SE	x		4 RACE		5. DATE O		6. AGE (IN YEARS LAST	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	MALE		WHI			Y 13, 1929	50	YRS		
	RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	MARYLAN		USA		WIDOWE	D DIVORCED		IMORE C		MD.
10 C	ITY OR TOWN OF DEAT		(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MC	OST OF WORKING L	FET INDUSTRY	F BUSINESS OR
110	BALTIMORE		8	310 WOODG	LEN P	LACE	CONTRACT			MPROVEMEN"
13a. S		136 COUN	TY	13c. CITY OR TOWN	4	134 INSIDE CITY LIMITS?	13e STREET ADDRE			
14.7	MARYLAND	BI	ALTO.	BALTIMO	ORE	YES NO XX		ODGLEN	PLACE,	#21208
14. FA	THER'S NAME FIRST	N	AIDDLE	LAST	Year	15 MOTHER'S MAIDEN NA	WE	Æ	LAS	
14	DAVID	111.0	AED COSS	KOPPEL	NEW	MAMIE		DRECC	MARKOW	TTZ
	VAS DECEASED EVER IT		WAR OR DATES)	16b SOCIAL SECUR		17 INFORMANT		DRESS	0000	Dr. adam
	YES	1946	-1948	217-24-96		MRS. BETTY L	. KOPPEL	810 WO		PL. 21208
	18 CAUSE OF DEATH PART I, DEATH WA			7.1					BETWEEN	MATE INTERVAL ONSET AND DEATH
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	1627		DUE TO, OF	R AS A CONSEQUE	NCE OF	Camer to	lunge	,	10	este
	Conditions, if ony, gove rise to imme	ediate				Canus to	waye		00	(6.3)
	cause (a), stating underlying couse		DUE TO, OF	R AS A CONSEQUE	NCE OF	reary de	Wet.			3-17-18
	PART 2 OTHER SICAL	IFIC ANT C	ONDITIONS CO	INTRIBITING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF C	ONDITION OF	VEN IN DART 1	
NO	JAMES OF THE RESIGN	- I	.51-51110143 <u>CC</u>		501	KEEKIGO TO THE TERM	WAL DISEASE OR C	STADITION GI	- EITHER FART III	
ATK	190 DATE OF OPERATI	ION	196 CONDI	JION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
CERTIFICATION	2/26/7	9.	Gn	ellgime	2		YES NO		FYING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDE		110110		V VEAD	21c. HOW INJURY OCCUR				Water Tolland
	OR CONTRIBUTING CA		TH HOUR A.I	M. MONTH BA	Y YEAR	1				
MEDICAL	21d. INJURY OCCURRE	ED	21e PLACE			211 LOCATION	CITY OF	TOWN	COUNTY	STATE
\$	AT WORK D DAT WHE	K .	(AT HOME, STR	PACIONI, OFFICE, FI	nm, etc.)	0	CITO	,	200.111	JIAIL
	220.1 certify tho		al) attended the	deceosed fram	2/20	1-19 19		16/79		that (1) (we) lost
	saw the deceased above, (1) (we) (di		view the body	after death.		nd that in (my) (our) opinion	death occurred an th	e date and ha	ur and from the	causes stated
	226. SIGNATURE	,	111			DEGREE	ALEDICAL C	STAFF	22c. DATE	SIGNED
	Maura	1		Wan	-		DIRECTOR PHY		3/11	177
	22d PHYSICIAN'S NA					22e ADDRESS	Ond	DIAC	'>	HISSET!
	עושחע		HEAR			1205 Yuk		2107	3	
230 E	SURIAL, CREMATION, R					EMETERY OR CREMATORY	23d. LOCATION CITY OF 10 YEAR	MODE	COUNTY MAI	RYLÄND

BROS.,

6010 REISTERSTOWN RD., BALTO., MD 21215

SOL LEVINSON &

BP\_\_\_\_

DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN: The

ATTENDING

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injury, ar other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24. FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	E S	Z	¥	MI	0
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	XA	2	IRE	N-	170
	IEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS THE THE THE CERTIFICATE WARTING THE WORK WEIGHT. IN THE THE CERTIFICATE WARTING THE WORK WEIGHT.	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	JNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN	? DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF LITAL BECORDS, 301 W, PRESTON	TO DE LA DOLLA LA DOLLO DE LO LO LO LO LA LA LA DOLLO LA LA DOLLO LA LA LA DOLLO LA
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	6	1.	FOR	DEPARTMEN	STATE OF MARYLAN		
	P	11-	STATE REGISTRAR	MEDICAL EXA		ATE OF DEATH	REG. NO. 7 9 - 1 1 9 3 5
	S S S S F		CEASED NAME FIRST PEOR PRINT) HALEN	ELizapeth	KRALI	20. DATE KN OF E DEATH M	STI-
6	N STREE	3. SE	emale little	5. DATE OF BIRTH 6. AC		FUNDER 24 HRS. 2c. DATE HOURS MIN PRONOUNCE DEAD	MONTH DAY YEAR 24 HOUR
S	N See 1		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		ER MARRIED . 9. BALTIMOR	ECITY OR COUNTY OF DEATH
	PAGE FILED	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING THE NOT IN SUCH EAGUTY, GIVE STREET A		ON 120 USUAL OCCUPAT FOR MOST OF WORKING HOUSEWL	
1201	AND 3 TE AND 3 TE RETAIN HOULD B	USU 13a	AL RESIDENCE (IF IN NURSING HOME OF STATE 13b. COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION)  OWN  13d INSIDE CITY YES		
E, MD. 2	PM 3. PM 3. SOUTH	14. F	ATHER'S NAME (harles	MIDDLE Schiple		'S MAIDEN NAME MIDDI	
LTIMORE	URS AFTER DI 3. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF	160.	WAS DECEASED EVER IN U.S. ARM res, no, or unknown) (IF yes, give w	VAR OR DATES)	-5427 Mr. Leu	ANT	ADDRESS
301 W. PRESTON ST., BA	CUTED WITHIN 24 HOURS I EXAMINER ALONG WITHIN PARALITER ALONG WITHIN PARANSIT PERMIT PARANSIT		PART I DEATH WAS CAUSED	y one cause per line far (a), (p) ond (BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	oschuolu (	PaulerVorul	APPROXIMATE INTÉRVAL BETWEEN ONSE JAND DEATH WEZCLE
RECORDS, 3	BE EXECUDING" MEDICAL AS. A BUI ALTH AND MATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH OUT NOT RELATED TO	THE TERMINAL BYSEASE OR CONDITION I	SIVEN IN PARTICIO	
TAL RE	SHOULD ORD "PEI CHIEF / BE USED IT OF HE/ RIAL, CRE	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORM	ED?	20. AUTOPSY?  YES □ NO 🗡
ON OF	THE WENTER WOULD OULD THE RIMEN		210 EXTERNAL CAUSE WAS UNDERLYING ON TRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.	YEAR 19 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
DIVISION	WRITING WRITING ARDED T AGE 3 SH ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 212	9-	22a I certify that I took charge	of the remains described above, he all causes D. Accident D. H.	Suicide , Hamicic	The second secon	DATE 5-3-79
	DAGE TO ME EXECUTE PAGE TO FU AFTER BALTIM	23a.E	URIAL, CREMA ION MOVAL 23 SPECIFY) Bu M		of CEMETERY OF CREMATOR	CITY OR TOWN	county State  Naryland
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	UNERAL DIRECTOR CALLLY Funeral H	lome, 130ess Fort f	Ive.Balto.Md.	MAY 7 1979	250 REGISTRAR'S SIGNATURE Printing McCreody

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## SITENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL

Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL I	HYGIENE	REG. NO	7 9	9-16	1936
6 £	1		CEASED NAME FIRS		MIDDLE		AST	2s DATE	OF DEATH A	MONTH DAY	YEAR	26. HOUR P
r, page 3	ŀ	3 SE)	Eve	4 RACE	Lola	5. DATE C		6 AGE (III	YEARS LAST BIRTH		79 INDER I YEAR	10:40 M
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ily filled in should be ner must be	5	USU/ 13a S	TATE 136	OME OR OTHER INSTITUTION COUNTY	136. CITY OR TOV	N	134. INSIDE CITY LIMITS YES NO	3 STREE	B A	ORH	AM	CT.
mpletely and 2 sh	3/	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN FIRST	INAME VR	MIDDLE		LAS	т
n ond cor Poges 1	1		AS DECEASED EVER IN U		256-34	JRITY NO 1. 5426	17 INFORMANT JOSEP	H W	KRES			ABOVE
not the deoth certificate by the attending physici acse remove corbon papel il, cremotion, or removal other troumatic event, th			PART I DEATH WAS C  IMM  Conditions, if ony, whi gove rise to immediacouse (a), stating to underlying cause lo	AUSED BY: EDIATE CAUSE (o)  DUE TO, C  the	OR AS A CONSEQUE	ENCE OF	of pul cond	facts we ar	njhi	~	1 hr	MATE INTERVAL PASET AND DEATH
n signed Then ple to burio		NO	PARTY OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUI	NOT RELATED TO THE T	COP!	ASE OR COND	ITION GIVEN	IN PART 10	11
hos beer t permit.	2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	20h. IF YES, W IN CERTIFYIN YES [	IG CAUSES	
ng physici certificate irial-transi entol Hygi	9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY	IN ITEM 18, PART	I OR PART 2)	
offendin ter this c s the bur tond Me		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE TWORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE
pritol or TOR: Af- for use o of Health			228 L certify that (1) (this sow the deceased all above, (1) (we) (did)/	ve on	19	, an	d that in (my) (our) apin	non death occur	rred on the do	te and hour or		that (I) (we) last couses stated
y the hos tal DIREC detoched ote Dept			276 GENATURE	_1_	el		DEGREE ATTENDIN PHYSICIAN		L STAFF		27c. DATE	SIGNED
retained by TO FUNERA should be de with the Stat	1		SMAR	GO LLSM	0 -		120 ADDRESS	Dolfe	el 80	l-an	Pol	high hy
BP		(:	URIAL, CREMATION, REMO	OVAL 23b. DATE	/	NAME OF C		BI	CATION YOR TOWN PLTC.	/	3 P	STATE
DHMH-16 20M (VRA 15, 4) 7/78	- 1	24 FL	INERAL DIRECTOR	NELLY	ADDRESS 30	o M		DATE RECION	4 GIST197	REGISTRA	SPENAL	Halredy

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ofter de	notified a		TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF Shipping B		of Business
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ORE, MARYLAND  EXAMINER  Executed within 24  ind completely fille  iges 1 and 2 shoule	examine	14 FA	THER'S NAME  John  Jensey	MIDDLE MIDDLE	Krummeck		Senora	MIDDLE	Halstê	ň
BALTIMORE,  CAL EXA cate be execut system and ca	medicol	16a V	VAS DECEASED EVER IN U.S. A VES, DOOR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	213-01-6		Mrs Florence	e H Krummec		
SED BY MEDIC res that the death certific med by the attending ph please remove carbon pr vivial, cremotion, or remo	jury, or ather troumotic event,	Z	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSE DAMED).  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O	Small cel  PR AS A CONSEQUE  PR AS A CONSEQUE	1, un	differentiated the lung with	metastasis		(a)
RELEA  RELEA  ne law requi on. hos been sig permit Therene ene prior to be	ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDE IN CERTIFYING CAUSE: YES	
OF VITA ICIAN: TH g physicid entificate riol-transit intol Hygin	tem 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING	EATH HOUR A	DE INJURY .M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
DIVISION OF  NG PHYSICIA  after this certif  os the burnol- th and Mental	rkedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.}	211. LOCATION STREET	CHY OR TOV	VN COUNTY	STATE
ATTENDIN Spirlol or ECTOR: Af d for use of t. of Heolili	21 is mo		22a I certify that A (this has sow the deceased alive a above, A (we) (did) (34d)	pitol) oftended the May 1	4 19 7	May 5	nd that in ( ) (our) opinion (	to May 14 depth occurred on the de	ote and hour and from the	that X (we) couses stated
AL OR A the hos detoched ste Dept.	IT; If hem		276 SIGNATURE	Blul.	ach m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		14, 19
HOSPIT forned by D FUNER rould be on	PORTA		AH-GI	YILA I	01		7401 C	BLER &	Dr. Touse	2120
Sp C Sp C	<	20	URIAL ORFALATION DELLON	The Court of the C	1 22 .	LAME OF C	FAIFTERN OR CREATERN	224 LOCATION		

23a BURIAL, CREMATION, REMOVAL

SPBurial

24 FUNERAL DIRECTOR

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

236. DATE 5/17/79

Leonard J Ruck Inc. Baltimore, Maryland

Parwood

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Item 6 g531 5/22/79 gj

- STATE

REGISTRAR

DECEASED NAME

May 14, 1979 7401 OSLER Dr. Tonson 21204 236 NAME OF CEMETERY OR CREMATORY Baltimore, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. POSSBAR'S SCHAP

REG. NO.

2h HOUR

12b. KIND OF BUSINESS OR INDUSTRY Rheems Co

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that X (we) lost

1:50 a

IF UNDER 24 HRS.

2a DATE OF DEATH MONTH

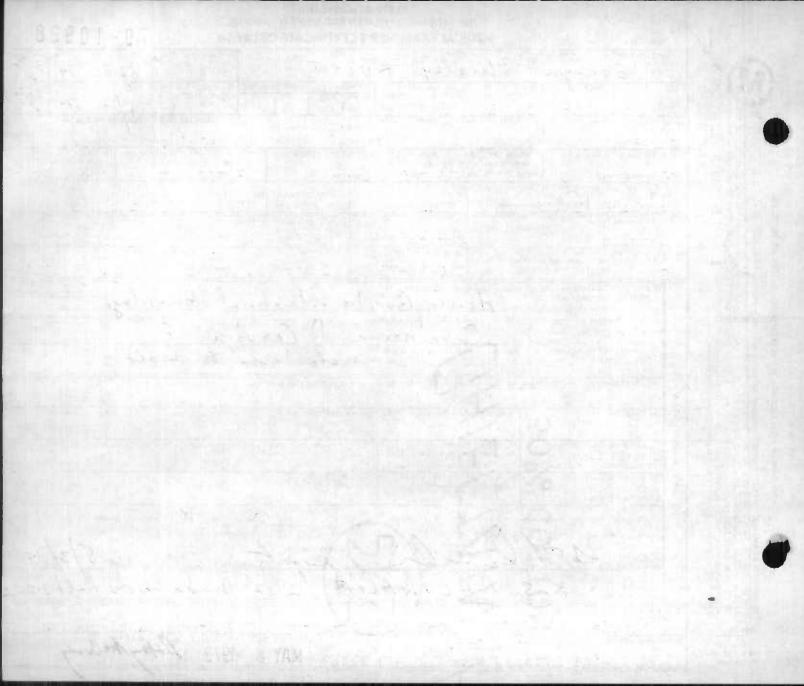
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PELAKTMETT	OI HEALI	I AND MENTA	LITTOTEINE
MEDICAL EXAM	MINER'S	CERTIFICATE	OFDEATH

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REG. NO	9 -	1	U	J	J	U

	-		REGISTRAR		MED	ICAL EXAM	AINER'S	ERTIFICATE	OF DEATH	REG. I	NO/ 9 -	1093	38
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	AV IS THE PAGE 301 W	Tr.	Jacmono	1	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDR	ESS)		FOR MOST C	OF WORKING LIFE)		OR INDUST	TRY
	AIN P	USUA	Igemere	NURSING HOME OF	ROTHER INSTITUTION, GIV	e RESIDENCE BEFORE AD	MISSION)			pector		Beth.	<u>scee</u> 1
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SALT	RS AI GIVE VITH PAGE VISIO	Ne				216-18-		Richard	A. Kv	ist -	Balto		21219
ST., E	HOUI IG V		PART I DEATI	EATH (Enter and H WAS CAUSED	y ane couse per line l	_ //	• //-	· · · · ·	2: 0	11.	who.	SETWEEN ONSE	T AND DEATH
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TALI		FIC			178. CONDIN	ONTOK WINCITC	JI EKATION W	ASTERIORMED:				YES 🗆	NO []
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_	ECT BE		death resulted f	ram: Nature	al couses	Accident 🔲	Suicide	, Hamicide	Undetermin	ed manner	,	1	1
	CER CER CER CER CER CER CER CER CER CER		ACTUAL SIGNATURE	KXXII	Lan	mel		TITLE (SPECIFY)	5		DATE	5/31	79
	SHCA SHC SHC SHC SHC SHC SHC SHC SHC SHC SHC			1/	- 1		A /	A	T MEDICAL	EXAMINER	SIGNED.	16	-
	TO MEDICAL EXECUTE THE PAGE 4 SHOL TO FUNERAL I AFTER DEATH, BALTIMORE, M.		(TYPE OR PRINT)	WE K.	S. H1	4 COW	7161	ADDRESS 21	12, In	indal	K HU	Belt	2/222
	PAP PAP	23a. B	JRIAL, CREMATIO					RCREMATORY	23d. LOCATI		COUNT		TATE
	BP	24 51	Buri UNERAL DIRECTO		5/7/79	Oak I	Lawn C	emetery	Balt REC'D. BY REG	imore,	Baltin	more, M	1D
	DHMH · 17 VR A15 ME (5))	4. 1	NAME		Ruck ADDRESS		MD 03	MANY	8 197	79	they he	Wredy	
	15M 7/77		1944 W	ISE AV	enue. Di	mdalk.	IVII) /	6.6.6   111171	0 131	9			



	51
FOR	DEPARTMENT O

ATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

10000

1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	19-10	333
ı		CEASED NAME FIRST	A	MIDDLE	L	AST	20. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
	1	EMMA	Ka	therine	4	ANG	5-	22-79	6 40 PM
١	3. SEX	<	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
ı		Female	CA	uc.	MONTH	DAY YEAR	92	YRS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	Mo		U	SA	WIDOWE		BALTIMORE	County	MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND (	OF BUSINESS OR
7	B	altimore	VALLEY		NU RSIA	UE HOME	Homemaker		- 0
	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION			13d INSIDE CITY LIMITS?	112- STREET ADDRESS		
g		Id. Bal		Phoeni		YES NO X	136 09 Sumn	nerhill D	rive
Ī		THER'S NAME				15 MOTHER'S MAIDEN NA			
d	He	rman H.	MIDDLE	Mollman	n	Lizzi	B MIDDLE	Fissie '	AST
Ī		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
1	N			214-54-	5551	Mrs. Jeun	e K. Penn, 13	609 Sumr	merhill I
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE	flets	Least Least	BOOCK MINAL DISEASE OR CONDITION	N GIVEN IN PART 1	(0)
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	INC	IF YES, WERE FINDI	
The second secon	MEDICAL CERTII	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AND LETTER OF THE CONTRIBUTION OF	21e PLACE (AT HOME, STE	M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM, ETC.)	211 LOCATION STREET  19  19  10  11  11  12  13  19  14  15  19  16  17  18  19  18  19  18  19  18  19  18  18	YES N Y IN ITE	COUNTY	
1.74	/	778 SIGNATURE	DR PRINT)	1614:	==1/	ATTENDING PHYSICIAN 22e. ADDRESS	STAFF STAFF DIRECTOR PHYSICIAN	d	23/79 11/2/22

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

injury, or other

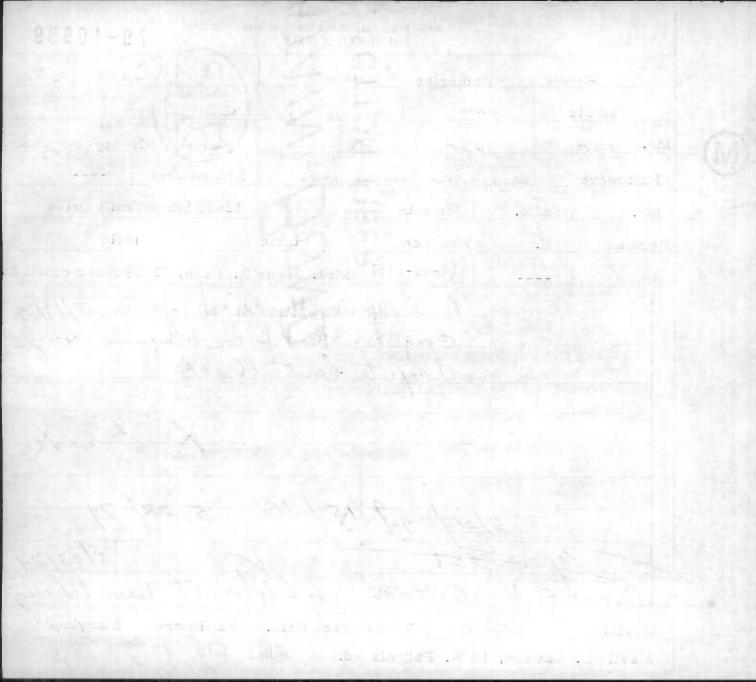
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236 DATE 5/24/79

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem. Baltimore,

Maryland

24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. 25 DATE REC'D. SORPOSTRAR III. LEUE SIE STANDER



TO HOSPITAL CATENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carban pages? Pages 1 and 2 should be Thad within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burnal, cremotion, or removal.

DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND

	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N		9-10	340
	ECEASED NAME FIRST	N	NODLE	(	LAST	20 DATE OF DEATH		DAY YEAR	2h HOUR
(TYP	Eme1	ie	Anna	ΙA	SSAHN		5	3 79	12:55
3. SE		4 RACE	7 iiii d	5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
	Damala	Title 4 d		MONTH 6	H DAY YEAR	0=		MONTHS DAYS	HOURS MIN
7n. B	Female  BIRTHPLACE ISTATE OR FOREIGN	Whit	WHAT COUNTRY?		23 1893	85 BALTIMORE CITY O	YRS.		
0	COUNTRY)		WITH COOKING	MARRIE	D NEVER MARRIED				
_	laryland	USA	OCENTAL AUDEIN	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATI		County	ME
100	III OK IOWN OF DEATH	I IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS]		TYPE OF WORK FOR MOST O	F WORKING	LIFE   INDUSTR'	
	Rossville				Hospital	Housewif	e	Home	emaking
VISU Io.	JAL RESIDENCE   IF NURSING HOME STATE 136 COL		GIVE RESIDENCE BEFOR		\$134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
Ma	aryland Bal	Ltimore	Overlea	a	YES NO	100 Elin	or A	venue	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			AST
	William	mobile	Kraf	t	Katheri				ielle
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	55		
	(15 YES, G	IVE WAR OR DATES]	220-05-	-5046	* Katherine	Thompson	10		nor Ave
2	Conditions, if any, which	( 1b)	R AS A CONSEQUI	ENCE OF					
TION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN!	DUE TO, OR	RAS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM				
TIFICATION	gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR	RAS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO (X)	20b. 1F Y	ES, WERE FIND	INGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN!	DUE TO, OR  IC)  CONDITIONS CO  19b CONDI  19b CONDI  HOUR A.	R AS A CONSEQUI DINTRIBUTING TO: TION FOR WHICH FINJURY M. MONTH D.	ENCE OF	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	PINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR  IC)  19b. CONDITIONS CC  19b. CONDITIONS CO  19b. COND	R AS A CONSEQUI DINTRIBUTING TO: TION FOR WHICH FINJURY M. MONTH D.	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES []	PINGS USED ES OF DEATH?
	gave rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEFINED, NOTHER MORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. 1 certify that (1) (this has sow the decease days above, (1) (was did under the decease days above).	DUE TO, OR  IC)  19b CONDITIONS CC  19b CONDITIONS	R AS A CONSEQUI	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET  26 / 19 79  nd that in (my) (our) apinion	200 AUTOPSY?  YES NO XX  RED (ENTER NATURE OF INJUI  CITY OR TOV	20b. IF Y IN CERT YY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES  COUNTY  19 79  Dur and from th	STATE that (I) (we) last
	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CHE ETHER. NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this has sow the decease diversible of the country of the co	DUE TO, OR  IC)  CONDITIONS CO  19b CONDI  19b CONDI  21b TIME O HOUR A./ P./ 21a PLACE ( IAT HOME, STR  pottol) ottended the	R AS A CONSEQUI	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET  21 (my) (our) Depinion  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO XX  RED (ENTER NATURE OF INJUI  CITY OR TOV	20b. IF Y IN CERT YN ITEM 18	ES, WERE FIND IFYING CAUSE YES  COUNTY  19 79  22c. DAT	STATE
	gave rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEFINED, NOTHER MORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. 1 certify that (1) (this has sow the decease days above, (1) (was did under the decease days above).	DUE TO, OR  IC)  CONDITIONS CO  19b CONDI  19b CONDI  21b TIME O HOUR A./ P./ 21a PLACE ( IAT HOME, STR  pottol) ottended the	R AS A CONSEQUI	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET 26/ , 19 79 nd that in (my) (our) Definion	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUI  CITY OR TOV  10 5/3  death occurred on the do	20b. IF Y IN CERT YN ITEM 18	ES, WERE FIND IFYING CAUSE YES  COUNTY  19 79  22c. DAT	STATE  that (1) (we) last the couses stated
MEDICAL	gave rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING COURTED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  22a. I certify that (I) (this has sow the decease diversions of the dec	DUE TO, OF  IC)  19b CONDITIONS CO  19b CONDITIONS	R AS A CONSEQUI	DEATH BUT OPERATIO  AY YEAR 19 FARM, ETC.)  47	211 LOCATION STREET  26/ , 19 79  nd that in (my) (our) opinion DECREE ATTENDING PHYSICIAN (1)  311 ADDRESS  9000 Fran	200 AUTOPSY?  YES NO NO NO CITY OR TOW  CITY OR TOW  TO 5/3,  death occurred on the do  AMEDICAL STAI  DIRECTOR PHYSIC	20b. IF Y IN CERT. IN CERT. IN OTEM 18	ES, WERE FIND  IFYING CAUSE  YES   COUNTY  19 79  22c. DAT	STATE  that (1) (we) last the couses stated
WEDICAL	gave rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CA	DUE TO, OF  IC)  19b CONDITIONS CO  19b CONDITIONS	TION FOR WHICH  FINJURY M. MONTH D.  CHEET, FACTORY, OFFICE, I	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC)  79  NAME OF C	211 LOCATION STREET  26/ , 19/79  nd that in (my) (our) Depinion  PERFE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO NO NO RED (ENTER NATURE OF INJUI  CITY OR TOW  TO 5/3, death occurred on the do  DIRECTOR PHYSIC  Klin Square  234. LOCATION  TO OR TOWN	20b. IF Y IN CERT.  EY IN ITEM 18  One and have been a second have bee	ES, WERE FIND  IFYING CAUSE  YES   COUNTY  19 79  22c. DAT	STATE  that (I) (we) last recovers stated

## TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY PAGE 4 SHOULD BE FORWARDED THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO TH PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 1 FOR PM 2. SHOULD BE FILL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILL AFFER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENIAL HYGIENE, DIVISION OF VITAL RECORDS, 36 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP.

DHMH - 17 (VR A15 ME (5)) 15M 7/76

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1			ALL DE LIE			ARYLAND					
11.	FOR STATE			EPARTMENT OF H					70	001	
	REGISTRAR					ERTIFICATE	OF DEA	REG. NO		094	
	ECEASED NAM!	E FIRS	T .	WIDDLE	L	AST		20. DATE KNOWN CF ESTI-	MONTH D	AY YEAR	26. HOUR
1		MARO	GARET	C.		JTERBACH		DEATH MATED		19//	A M
3. S	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR			R 24 HRS.	PRONOUNCED	MONTH D	YEAR	2d. HOUR
	EMALE	WHITE		14 65 YRS				DEAD	5-1	- 187	JPM
.70.	BIRTHPLACE (5	TATE OR	76 CITIZEN OF WHA	AT COUNTRY?	MARRIE	D NEVER MARE	RIED -	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
	MARYLANI	)	U.S.	Α.	WIDOWE			BALTIMORE			MD.
10	CITY OR TOWN	OF DEATH		ITAL, NURSING HOME,	OR OTHE	RINSTITUTION		JAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OF WORK 12b.	OR INDUST	
	W. EDMON			ROLL STREET			SAI	LESPERSON	J.	EWELRY	CO.
	JAL RESIDENCE STATE		OME OR OTHER INSTITUTION, GIVE DUNTY	RESIDENCE BEFORE ADMISSIO	N)	3d. INSIDE CITY LIMITS?	13e. STR	EET ADDRESS			
	MARYLANI		LTIMORE	W. EDMONDA		YES - NO X		3 CARROLL	STREET	, 2120	7
14.	FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
1	FRANK		н.	REDTMAN		LOUIS	SE			BEHRN	IS
	WAS DECEASE		ARMED FORCES?	166. SOCIAL SECURITY	NO.	7. INFORMANT		ADDRESS			
L	NO			213-03-95	74	GEORGE R	EDTM	AN, 1522 BO	LTON S	TREET_	
	18 CAUSE C	F DEATH (Ent	er anly ane cause per line f	ar (a), (b), and (c).)	0	1 1	/	. A -		APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	PARTIDE	EATH WAS CA	EDIATE CAUSE (o)	Arlenos.	cle:	rolic /	osce	ilas din	ose		
	144	09		S A CONSEQUENCE O	F						
		ns, ff any, w se to immed							16 44		22.0
		) stating the <u>ur</u>		AS A CONSEQUENCE O	F	15 T. 18					
	lying car	ose iusi,	(c)				100				
		IGNIFICANT CONOL	TIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	AL DISEASE	OR CONDITION GIVEN IN P	ART 1 (a).				
CERTIFICATION						Mis die					
3	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPERA	TION WA	S PERFORMED?			7	20 AUTOPSY	?
			The state of			Archiel Co.				YES 🗌	NO 🗌
		AL CAUSE WA		MONTH DAY YEAR	21c. HO	W INJURY OCCURR	ED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	CONTRIBUTI	NG CAUSE		19							
AFD	21d INJURY (	OCCURRED	21e. PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	ATION		CITY OR TOWN	COUNTY	,	STATE
1	AT WORK	NOT WHILE									
	22a. I cert	ify that I took o	charge of the remains desc	ribed above, held an	Autopsy	, Inspecti	an .	Inquiry C, on	nd in my apinio	on	
	death result	ed from:	Natural causes	Accident . Suid	ide	Homicide .	Undet	ermined manner .			
						TITLE (SPECIFY)	,				-0
	ACTUAL	4	ou rodo	teuc	OM.	Dekut	MEC MEC	DICAL EXAMINER	DATE SIGNED_	5-1-	.79
L						1_0		0 1/2	1111	0.0	2.00
	(TYPE OR PRI		DNRADO	FERRE	-RO	DDRESS 55	501	Sallimon	NtC.1	ike	21228
230	BURIAL, CREMA	TION,REMOV	AL 23b. DATE	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LC	OCATION OR TOWN	COUNTY	9	TATE
	BURIAL		05-04-79	EVERGREE	N MEM			NKSBURG	CARR		MD.
24.	FUNERAL DIREC	CTOR	ADDRESS		2122	· · · · · · · · · · · · · · · · · · ·	REC'D. B	Y REGISTRAR 25b. R	STRAR'S S	Credy	
	HUBBARD	FUNER	AL HOME, INC	., 4107 WII	KENS	AVE, MAY	7	313	7	1	

11001-07 AND THE PARTY OF T

DIVISION	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The resoned by the hospital or ottending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter direct. Page 1 most enterined by the hospital or attending physician.
TO FUNERAL DIRECTOR. After this cishould be detoched for use as the burn with the State Dept. of Health and Me	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, apply should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours then death with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.
IMPORTANT: If them 21 is morked or It	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be natified at once.
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## STATE OF MARYLAND FOR STATE DEPA

RTMENT OF HEALTH AND MENTAL HYGIENE				4	_	0	,	0	
CERTIFICATE OF DEATH	REG. NO.	7	9	 1	U	9	4	2	

ŝ		REGISTRAR				CERTIF	ICATE OF DI	AIH		REG. NO.	19	- 103	) 4 6	
ı		EASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH MON	ATH OA	AY YEAR	2h HOUR	
	(ITPE (	OR PRINT	SAI	RA	L	- FA	VEY	1 Ta Air	3	5	7	79	9.00	AA
d	3. SEX	113,		1 RACE		5. DATE C	F BIRTH		6. AGE (IN YEA	ARS LAST BIRTHDAY	7) 3	FUNDER TYPAR	IF UNDER 24 HRS	
9		FEMA	LE	\ \	VHITE	MONTH	19	YEAR OO	双	X 79	YRS.	ONTHS DAYS	HOURS MIN	
		THPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER M	APPIED []	The state of the s	RE CITY OR C				
į	0.11	M.D		Û	.S	WIDOWE	DI DIV	ORCED 🔲		IMORED	coun			D.
S	0	NDALLS TO		II. NAME OF	HOSPITAL, NURSIN	ADDRESST	. 5 0	IVI HOSE	(TYPE OF WORK	FOR MOST OF WO	RKING LIFE	INDUSTRY	F BUSINESS OF	R
	USUA	L RESIDENCE (IF NURS	ING HOME OR			AOMISSION)	1 1	· · ·						-
Š		MARYLAND	136 COUN	LTO.	BALT IMO	RE		Y LIMITS?	4608 E	3.DEB	LEN	CIRCLE	BALT.NO	A 205
	14. FA	THER'S NAME	N	NDDLE	PEARLMÄN		15 MOTHER'S	MAIDEN NAN	AE	MIDDLE			KNOWN	
9		DAVID					A	VIVA	4100 7	AL COMPANY STATE OF		UN	KNOWN	_ 3
	[1]	(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR OATES)	166 SOCIAL SECU 216-03		17 INFORMAN		. ANN Z HILL D	RIVE	#2	1208		
i		18 CAUSE OF DEAT	H (Enter onl	v one couse per	ine for (a), (b), one	dicti					0	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	=
		PART I. DEATH W	AS CAUSE	BY:	1 800	riton	oal Ma	liano	DW CH	1001	t			
		1580	IMMEDIAL			12000	^	7		~ * * *				
		Conditions, if ony,	which	DUE TO, O	r as a conseque	INCE OF	hiven	Keel	isaks	0.1		1		
		gove rise to imm	nediote	) (0)—						-	W.			
		underlying couse		DUE TO, O	r as a conseque	NCE OF						1080		
		PART 2 OTHER SIGN	VIEICANTO	ONDITIONS CO	NTPIBLITING TO F	DEATH BUT	NOT RELATED 1	O THE TERMI	IN AL DISEASE	OR CONDITION	ON GIVE	N IN PART 10	21	=
	NO													
7	CERTIFICATION	190 DATE OF OPERA	TIÓN	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO			WERE FINDIN		-
00	TEK	4.30	.79	1 UK	Troppy	Emplo	I m	alignou	AL YES	NO KO	YES	ING CAUSES	OF DEATH?	
	CER	210. ACCIDENT WAS UND	DERLYING _	21b. TIME O		- 40 - 000				URE OF INJURY IN	TEM 18, PA	RT 1 OR PART 2)		
	AL	OR CONTRIBUTING (		TH HOUR A.	M. MONTH DA	AY YEAR		HART						
ì	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION	4		CITY OR TOWN		COUNTY		_
	W	WHILE AT WORK AT WO	HILE D	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIKEEI		4501	CITORIOWN	,	COUNTY	STATE	
ř		22a I certify that (I)		- 6	e deceased from_	50	4.11	, 19 79	, to	5. 0	1		that (i) (we) la	st
H		sow the decease above, (1) (we) To	ed olive on old) (did not	view the body	ofter death.		d that in (my) (	our) opinion d	death occurred	d on the date o	and hour	ond fram the	couses stated	
		22b. SIGNATURE	Ken	500	Roll	)		TENDING _	MEDICAL	STAFF	nest.	22c DATE	SIGNED	
_	- 3	22d PHYSICIAN'S NA	AME TOO	Orow	SVIX		22e. ADDRESS	HYSICIAN [	DIRECTOR	_ PHYSICIAN	A			-
		RAYAL	MAG	Go	NINDA	RA	Bi	ALTI M	ORE	COUNT	Ty G	INL HE	SPITA	C-
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT		,	OUNTY	STATE	
	(5	BURIAL			1, 1979	MIKE	KODESH	-BETH :	ISRAEL	011	IMOR		ARYLAND	
	24. FU	INERAL DIRECTOR	SOL I	EVINSON	1 & BROS.	, INC		25a. DATE	REC'D. BY RE	GISTRAR 25b.	RECISTA	AR'S STEMA	185-4	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

LEAVEY 5 9 79 800 Ma. SARA WINDOWSKY 20 631 RANDOUSTERN BACTITIONE COURTY GOS HOW LAMES B. DERILLAY CACLE BRIT 10 24 McLeogustessal Malignonay work discon Relaxion 4-30-77 Refrotesienal material Reporterental X 5-9-79 RAYARULIC GOVINDARIO BACTIMONE CONTY CIL JESPIECE No.

## within 24 hours ofter executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or ottending physicion.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF		REG. N	10.	
1. DECEASED NAME (TYPE OR PRINT)	CARRIE	B.	LEE		20 DATE OF DEATH	MONTH DA	20 110
3 SEX Fema	4 RACE		5. DATE OF BIRTH	YEAR 07	6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR IF UND
7/10	VIA	EN OF WHAT COUNTRY?		MARRIED	BALTO.	R COUNTY C	OF DEATH
RANDAILS	TOWN BAL	ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET I TO CO. G. C.	ADDRESS)	STITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	126. KIND OF BUSI INDUSTRY He Me
5 130 STATE md	136. COUNTY	130 CITY OR TOWN	N 136 INSIDE YES [	NO 🔀	13e STREET ADDRESS	Sykesv	ile Rd.
FATHER'S NAME FIRST	MIDDLE M.	Speak		FIRST ElizAL	middle Middle	Kin	SER
(YES, NO OR UNKNOW!	VER IN U.S. ARMED FOI	RCES? 166 SOCIAL SECU PATES) 226 16 2.	303 0 Re	tha m	. HARless	- 5y	Lesvilles
1991	DUI	ETO OR AS A CONSEQUE	NCE OF				
	ony, which immediate stating the ause last.  SIGNIFICANT CONDITION TO PLANT	ETO, OR AS A CONSEQUE  ETO, OR AS A CONSEQUE  (C)  ONS CONTRIBUTING TO D  EHYDRA TON,  CONDITION FOR WHICH	ENCE OF  DEATH BUT NOT RELATE  AR TORLOS	e ceretie		20b. IF YES,	NIN PART 1(01  DOSEASE  WERE FINDINGS US NG CAUSES OF DE
PART 2 OTHER  WALNUM  190 DATE OF OF  210. ACCIDENT WA  OR CONTRIBUTING  (IF ETHER, NOTIFY  21d. INJURY OC	ony, which immediate stating the ause last.  SIGNIFICANT CONDITION  PERATION 19b.  SUNDERLYING 19b.  GAUSE OF DEATH HC  MEDICAL EXAMINER)  CURRED 21e	(b) E TO, OR AS A CONSEQUE (c) ONS CONTRIBUTING TO D  OFHYDRATION,	DEATH BUT NOT RELATE  ARTERIOS  OPERATION WAS PERF	ORMED  NJURY OCCURR	CARDIOVA	20b. IF YES, VIN CERTIFYI YES	DISEASE WERE FINDINGS US NG CAUSES OF DE NO
PART 2 OTHER  WALLAGE  19a DATE OF OF  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY, 21d. INJURY OC WHILE AT WORK 22a 1 certify the sow the de above, (1) (1) 22b SIGNATURI	ony, which immediate statuting the ause last.  SIGNIFICANT CONDITION TO SIGNIFICANT WORK TO SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT C	TIME OF INJURY DUR A.M. MONTH DA P.M. PLACE OF INJURY HOME, STREET, FACTORY, OPPICE, FJ  anded the deceosed from  19	OPERATION WAS PERFORM  AY YEAR  19  211 LOCAT  STREE	ORMED  INJURY OCCURR  ION  T  19 79  y) (our) opinion d  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	20b. IF YES, VIN CERTIFYI YES RY IN ITEM 18, PARI	WERE FINDINGS US NG CAUSES OF DE NO 11 OR PART 2] COUNTY
PART 2 OTHER  WALLAGE  19a DATE OF OF  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY, 21d. INJURY OC WHILE AT WORK 22a 1 certify the sow the de above, (1) (1) 22b SIGNATURI	ONY, which immediate statuting the ause lost.  SIGNIFICANT CONDITION  DUE TO THE TO TH	TIME OF INJURY HOME, STREET, FACTORY, OFFICE, FACTORY, OF	OPERATION WAS PERFORM  AND TORREST OPERATION WAS PERFORM  AND Y YEAR  19  211 LOCAT STREET  ARM. ETC.)  212 ADDRE	ORMED  INJURY OCCURR  ION  T  19 79  Y) (our) opinion d  ATTENDING PHYSICIAN  ESS  CH RAA	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  enth occurred on the d	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18, PARI	WERE FINDINGS US NG CAUSES OF DE NO 11 ORPART 2]  COUNTY  The from the couses  22c. DATE SIGNE  ST - 2-4

6 10 11 - 0 1 100 Found French William Source Co. Victoria 45 the confirmed Base to been been been been been been Mary Carl Colored Control of the Colored State

oge 4 moy be

requires that the death certificate be executed within 24 hours ofter

TTENDING PHYSICIAN The low

TO HOSPITAL

etoined by the hospital or attending physician.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.0		0	0	1.	1.
79-	-	U	J	4	4

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG N	0 19	- I U	944
	ECEASED NAME	FIRST	A	NODLE	L	AST	20 DATE OF DEATH		Y YEAR	2b. HOUR
(,,,,	CORPRINT	н.	NOF	RMAN	LEE		MAY 4,	1979		9:58
3. SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY]	UNDER I YEAR	IF UNDER 24 H
M:	ale		White		July 21, 1900		72	YRS	ONTHS DAYS	HOURS MI
7a. B	BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNT		MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
Maryland			U.S.A. WIDOWE				BALTIMO	TY		
10 C	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HO			ROTHER INSTITUTION		176 USUAL OCCUPATION 176 KIND OF BUS		
	TOWSON		SAINT JOSEPH HOSPITAL				Farmer Farming			
	JAL RESIDENCE   IF HURSING HOME OF		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  NTY   134. CITY OR TOWN   134. INSIDE CITY LIMITS?							
200	aryland		timore	21092		13d. INSIDE CITY LIMITS?	4406 LO	ng Gr	een R	oad
_	ATHER'S NAME					15 MOTHER'S MAIDEN NA	NAME			
	Herbert	Jac	kson L	LAST		Isabell	Le J.R.		French	
	WAS DECEASED EVER IN U.S. AI		MED FORCES?   166 SOCIAL SE				ADDRESS		21092	
N			VE WAR OR DATES		4-1427 Myrtle I.		Lee Long Green		The state of the s	
-						113 1 020 11	200 20116		MATE INTERVAL ONSET AND DEA	
	PART I. DEATH W	AS CALISE	nly one couse per line for (o), (b), and (c).  DBY  TE CAUSE (a) Congestive heart failure			1 1 4	-	RIWEEN	ONSET AND DEA	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION			IN CERT			ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
E	210. ACCIDENT WAS UNDERLYING		216. TIME OF INJURY 216. HOW INJURY OCC				YES NO	YES		ио 🗍
	OR CONTRIBUTING CAUSE OF DE		HOUR A.	M. MONTH D.	AY YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RT IN TIEM 16, PAR	II I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M. 21e PLACE OF INJURY		19	211 LOCATION				
WE	WHILE NOT WHILE AT WORK		(AT HOME, STREET, FACTORY, OFFICE, FARM,		ARM, ETC.)	STREET	CITY OR TOWN		COUNTY	STATE
			al) attended the	deceased from	April	30 10 /9	May 4	11	. 79	that the (wa)
	The Country man of the correct me deceased man and the correct man are the correct man									
	sow the deceased alive on May 4 19 19 , and that in [M] (our) opinion death accurred on the date and hour and obove. M (we) (did) (Add Varview the Body after death.  77b. SIGNATURE  DEGREE									SIGNED
	228. SIGNATURE	11		N 1		ATTENDING	MEDICAL STA			
1		1					DIRECTOR PHYSIC	IAN 🔀	May	4, 197
1	22d. PHYSICIAN'S NA	ME (TYPE OF	APRINT THE ADDRE			22e ADDRESS				
	Henry S. Crist. M.D. 7620 York Road, Towson, MD							21204		
	BURIAL, CREMATION,		236. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE
B	urial		May 8	3, '79 P	coser	ct Hill	Baltimo	re Co		3
	UNERAL DIRECTOR			ADDRESS		25a. DA	TE REC'D. BY REGISTRAR			URE
IN	/illiam E	To.	hngon		och P	aven Blvd	1AY 7 1979	ty	ifray 1	celrudy
			HOGHH	~ / a _ 1 1 1	ILL D	avell DIVU		- 40		- 1

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



# TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY EXECUTE THE CRRIPICATE, WRITING THE WORD." PENDING, IN PENCIL, IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT HEFUNERALIDS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 JOR VOILT FOR UNREAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBALT RRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTURINGE, MARYLAND, 21201 PRIOR TO BURBALT, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

### STATE OF MARYLAND

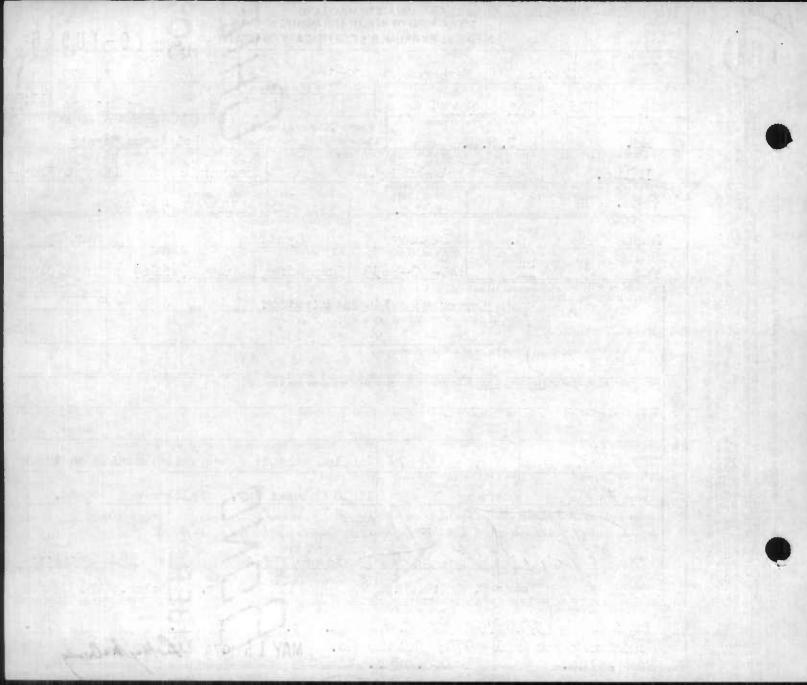
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		MEDI	CAL EXAMIN	ER'S C	ERTIFICATE	OF DE	ATH REC	5. NO 9 -	109	45
1	1. DECEASED NAME	FIRST	M	MIDDLE	ALC:	LAST		20 DATE KNOW!	N K MONTH	DAY YEAR	R Zh HOUR
1	(TIPE OR PRINT)	Jose	phine A	nn <b>a</b>	L	eidner		OF ESTI-	5	27 19 7	9 M
	3. SEX 4	RACE	S DATE OF BIRTH	YEAR LAST BIRTHD			R 24 HRS		HINOM	DAY YEA	29.11001
1	Female	White		1922 56 YE		S DAYS HOURS	MIN.	PRONOUNCED DE AD	5	27 19 7	9 7:30P
J	To. BIRTHPLACE (STA	TE OR	76. CITIZEN OF WHA	T COUNTRY?	8. MARRI	EDXX NEVER MARI	RIED [	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
4	TOREIGIA COOMIRT)	MD	USA		WIDOW	-		Balt	imore C	ounty	MD.
	ID. CITY OR TOWN O	F DEATH		TAL, NURSING HOME	, OR OTH	ER INSTITUTION		SUAL OCCUPATION		12b. KIND OF OR INDU:	
9	Woodmoor		3106 Elb	a Drive				usewife		-	
1	13a. STATE	13b. COUN		13c. CITY OF TOWN	ON)	13d. INSIDE CITY LIMITS?	13e ST	REET ADDRESS 3106 Elba	Door		
2	MD	Balt	imore	Woodmoor		YES NO Z			Dirive		
d	14. FATHER'S NAME Anthony		MIDDLE	Handlir		IS. MOTHER'S MAIL FIRST Julie	DEN NAM	MIDDLE MIDDLE		Lisy	
1	160 WAS DECEASED (YES, NO, OR UNKNOW NO		WAR OR DATES)	214-16-869		3106 ELD	dr Dri	Richard Balti	Leidne more, M	d Siz	207
	18 CAUSE OF	DEATH (Enter on	ly ane cause per line fo	or (a), (b), and (c).)				eals a sale		APPROXIM	NATE INTERVAL
1	PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (o)	Fatty li	ver					SETWEEN	VIET AIND DEATH
1	571	9 IMMEDIA		S A CONSEQUENCE	OF						200
		s, if any, which	45.							14	
١	couse (a) s	to immediate stating the under-		S A CONSEQUENCE	OF		227				
	lying cous	e lost.	(6)								
Я	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASI	DR CONDITION GIVEN IN I	ART 1 (a).				
	Z C										
۲	TIO. DATE OF CONTROL O	OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORMED?	20/0			20. AUTOPS	SY?
	FF									YESKI	NO
2	210 EXTERNAL	CAUSE WAS	21b. TIME OF It			OW INJURY OCCURE	RED LENTE	R NATURE OF INJURY IN IT	EM 16 PART 1 OR PAI	4 4 4 4	
?	UNDERLYING CONTRIBUTION	OR IG CAUSE OF I		MONTH DAY YEAR							
	21d INJURY OF		21e. PLACE OF	INJURY (AT HOME,		CATION					
	X WHILE AT WORK	NOT WHILE C	STREET, FACTOR	RY, FARM, ETC.)	,	TREET		CITY OR TOWN	COL	UNTY	STATE
	220 Loortil	that I tank share	of the remoins descri	ihed abaya hald an	Luton	sy X, Inspecti		Inquiry .	ond in my op	oision	
9	death resulte		/		icide .	, Homicide .		etermined manner		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
H	, deam resoner	140113	Torcyoses (A.),	17/4	7	TITLE (SPECIFY)	Ond	erermined monner			
	ACTUAL SIGNATURE_	1	Monal	1/10	ZIAM	Deputy Ch	iefme	DICAL EXAMINER	DATE SIGNE	5/2	8/79
2	EXAMINER'S N	NAME Th	omas D. Sm	ith, M.D.	1	ADDRESS 111 F	enn	St. Balto	., MD.		
	230 BURIAL, CREMAT			23c. NAME OF CE			Cf	LOCATION	COUN	MIA	STATE
	Bur		5/31/79	Woodlawr	1 Cem	etery	Wo	odlawn	Baltin	nore	MD
	24. FUNERAL DIRECT	OR Lorin	ig Byers Fu	ineral Dire	ector	S, P. Asa DATI	E REC'D. I	BY REGISTRAR 25b.	REGISTRAR'S S	IGNATURE	
	8728 Libe:	rty Rd.,	Randallst	own, MD 2	21133	MAY	८ ५ ।	3/9	Harry	urway	

DHMH - 17 (VR A15 ME (5)) 15M 7/76 promise and services

DHMH - 17 (VR A15 ME (5)) 15M 7/76

-		ems #1	8a-22a Fi	lm G532 6	DEPARTMENT OF	HEALTH	AARYLAND	AL HYGIEN	IE .				
		STATE REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFICA	TE OF DEA	ATH	REG. NO.	79-	119	46
	1. DEC	CEASED NAME OF PRINT)	E FIRST		MIDDLE		LAST		20 DATE KN	NOWN (X)	HTMOM	DAY YEAR	26 HOUR
	(ttre	OKERINI	Maur	ice	Herbert		epley		DEATH N	AATED	5 1	13 1979	м
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDAY) MONT	DER 1 YR. IF U	INDER 24 HRS	2c. DATE PRONOUNC		AONTH	DAY YEAR	24 HOUR 11:30
9		ale	White	Jul 22:	1918 60				DEAD			13 1979	p . w
1	7a. B11	RTHPLACE (S	TATE OR	7b. CITIZEN OF W			IED X NEVER			RE CITY OR C			
-0	10 (1	Md.	OF DEATH	U.S.	A . SPITAL, NURSING HOM	WIDOV		NORCED 120 US	Bal OCCUPA	altimo			MD.
0	Ž.	Balt	0.	(IF NOT IN SUCH F/ 1141(	Pulaski H	wy.	EK INSTITUTION	FORA	chani	NG LIFE)		OR INDUST	Farms
5	USUA 13a ST	I RESIDENCE	13b COUN		13c. CITY OR TOWN Balto	SION)	134 INSIDE CITY LI		EET ADDRESS	later	Ave	e <b>.</b>	
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NAME		-		LAST	
50		Adam		G.	Lepley			ynthia				Murra	ıy
1	16a. W	AS DECEASE S. NO. OR UNKNO		WAR OR DATES)	16b. SOCIAL SECURI		17. INFORMAN			ADDRESS			
		yes	ww		220-10-8	833	Lorra	ine Le	pley	(wife	) sa		dress
			ATH WAS CALISED	D RV.	e for (a), (b), and (c).)							APPROXIMA BETWEEN ONS	
	7	910	IMMEDIAT		erbon monox		ntoxica	tion					
	1	Conditio	ns, if ony, which		CAS A CONSEQUENCE	. Or	10						
			se to immediate stoting the under-		R AS A CONSEQUENCE	OF							L 195
		lying cau	use lost.	(0)									
	30	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	LMINAL DISEAS	E OR CONDITION GIVI	EN IN PART 1 (a).					
	NO												
7	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. COND	TION FOR WHICH OPE	RATION W	AS PERFORMED	)?				20 AUTOPS	(?
1	TIEN											YES X	NO 🗆
3	CER	21a. EXTERNA	AL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY A. MONIH DAY YEA	AR I	OW INJURY OC						A T.
	ICA	CONTRIBUTI	NG CAUSE OF		OF INJURY (AT HOME.		naled ex	naust I	umes w	nile w	orki	ng on	truck
	MEE		NOT WHILE E	STREET, FAC	CTORY, FARM, ETC.)		STREET	old Ures	CITY OR TOWN		COUN	Md.	STATE
		AT WORK	AT WORK	Gara	59	-	10 Pula	ski nwy	• Da	ltimor	е	Ma	•
۲		/	0/	je of the remains de	scribed obove, held on			spection	Inquiry L		n my opin	nion	
3		deoth could	ed trany Natur	ral causes	Arcident X / /S	uicide	, Homicide		termined mon	ner,			
		ACTUAL	Mon	med C	Town State	-	TITLE (SPEC			150	DATE	5/1/	4/79
-		7 30001141119	1	A P	1		(,DECP GC)	OTIZO MED	ICAL EXAMIN	IER	SIGNED		
×	-	TYPE OR PRI	DIT)		Smith, M.		ADDRESS	111 Peni		Balı	to.,	MD.	
	23a.Bl	PECIFY)	TION, REMOVAL 2	3b. DATE	23c. NAME OF CI			CITY	OCATION OR TOWN	33	COUNTY	Υ :	Md.
	24. FL	Buri	TOO	2/10/19			Iem. Pk	DATE REC'D BY	Balt Y REGISTRAR		RAR'S SA	BRATURE	MG.
		Schin	nunek Fu	meraLoores	9705 Bela		id.	IAY 15	1979	tiops	y Ac	Breaks	
		Home	Inc.		Balto. Z	VIQ •	21230			1		1	



the ottending physician and completely filled in by the funeral director remove carbonpapers. Pages I and 2 should be filed within 72 hours aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remave carbon-papers. P with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal. IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, th

# FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1094	7	9	-	1	0	9	4	
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REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	0 / 5	) - I U	1941
1. DECEASED NAME FIRST	WIDDIE	LAST			MONTH DA	Y YEAR	26 HOUR
Paulin	e Jean Lesk	covan	sky	May 26.	1979		10:040
3. SEX	4. RACE	5. DATE OF E	DAY YEAR	6 AGE TIN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
Female	White	July		_74	YRS	JNIH5 DATS	HOURS MIN
70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
New York	USA	WIDOWED [		Baltimo	re Co	untv	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND C	OF BUSINESS OR
Rossville	Franklin Squa	re Ho	spital	Housewife	1		
Md. Bal	timore Baltimo:	re   Y	ESX NO S	13e STREET ADDRESS 1025B Old	l East	ern A	Avenue
14 FATHER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	WIDDIE	_	LAS	ST_
Stephen	Bonora		Rosa	ADDRE		Rusiel	110
	(E WAR OR DATES)		INFORMANT				
no	φ98-24-09	971 JV	ito C. Cap	arro, Bal	timor		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (	Al.	0 %	7		RETAKTAN	OHER AND DEATH
	TE CAUSE (O) 1140ca	rqua	Lingar	elion	-	27	roure
Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN		E' ASCVD			15	4rs.
gave rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	ICE OF					
	CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	inal disease or coni	DITION GIVE	N IN PART I	01
TO DATE OF OPERATION THE STATE ACCIDENT WAS UNDESCRIPTING TO	198 CONDITION FOR WHICH O	PERATION V	VAS PERFORMED	78x AUTOPSY?	79k IF YES, 1 IN CERTIFYI YES	Control of the Contro	NGS USED S OF DEATH?
The contract the second of the contract of	ATH HOUR A.M. MONTH DAY	YEAR 2	IL HOW INJURY OCCURR	ED. (ENTER HATURE OF HOUR	I WITH THE SAN	(Lumano)	
W CONTROLL CAUSE OF OR STANDARD CAUSE OF STANDAR	21e. PLACE OF INJURY IAT HOME, STREET, FACTORS, OFFICE, FAR	21	LOCATION STREET	CITY ON YOM	PM .	COUNTY	STATE
22a I certify that (I) (this hosp saw the decrased allow or	tal optended the deceived from	-	hadin (my) four lapinion d	teath occurred on the do	refund hour s		that (I) (we) last coines stated
124 SIGNALIGIE	view Mrs.	DEC	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	St. DATE	27/79
22d. PHYSICIAN'S NAME (TYPE OF	AINESS M.D.	1	1105 OLD	EASTERN	A	IE,	
23a BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. NA	ME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	С	OUNTY	STATE
Burial	May 30.1979 Bel	lAir	Mem Garden	s BelAir	Har	ford	Md

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

Howard K. McComas III, ABingdon, Md.

MAY 31

MAY 31 1979

1401-0-

must be notified of another

### STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10	1948	1
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ı	REGISTRAR	A STATE OF THE STA		REG. NO	
	1. DECEASED NAME (TYPE OR PRINT)  DAVI.	D A RNOLD	LEVIN.	20. DATE OF DEATH M	14 10 79 905 M
	3. SEX MALE		MONTH DAY YE	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11 6 11	ARRIED NEVER MARRIE		COUNTY OF DEATH  MD.
6	hardalleton.	11. NAME OF HOSPITAL, NURSING HO		120 CHALPSWATER HOLT OF	WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY AUTOMOBILES
5	USUAL RESIDENCE (IF NURSING HOME OR 136, STATE 136 COUN		SSION) 13d INSIDE CITY LIM YES NO	- 1 1111	lons wood Rd.
1	14 FATHER'S NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AIDDLE LEVIN	15. MOTHER'S MAID LTLLI	AN	WOLFE
	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)   IIF YES, GIVE	war or dates) 216-32-20		RS. SHARON LEVE NSWOOD RD., RAN	DALLSTOWN, MD 21133
2	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	Phlmonory OF  BUT NOT RELATED TO TH	eterminal disease or cond	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ITION GIVEN IN PART 1(0)  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	OR CONTRIBUTING CAUSE OF DEA  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this haspit sow the deceased alive on obove, (1) (we) [did ) (did not 22b. SIGNATURE)	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E  ol) ottended; the deceased from H  view the Body offer death.	YEAR 19 211. LOCATION STREET  Ond that in (my) (our) o  DEGREE  ATTEND PHYSIC  22e ADDRESS	CCURRED (ENTER NATURE OF INJURY  CITY OR TOWN  TO DESTRUCT  Phinion deoth occurred on the dot  ING MEDICAL STAFF  IAN DIRECTOR PHYSICI.	COUNTY STATE  10 19 7 , that (1) (we) last te and hour and from the causes stated  22c. DATE SIGNED
	230. BURIAL, CREMATION, REMOVAL (SPECBURTAL	APR.11,1979 BALT	OF CEMETERY OF CREMA TIMORE HEBREW	RETSTERS	STOWN COBALTO. SIMD
	24. FUNERAL DIRECTORSUL LE	VINSON & BROS., INC N RD., BALTO., MD		APR 1 2 1979	Sh. REGISTRAR'S SIGNATURE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

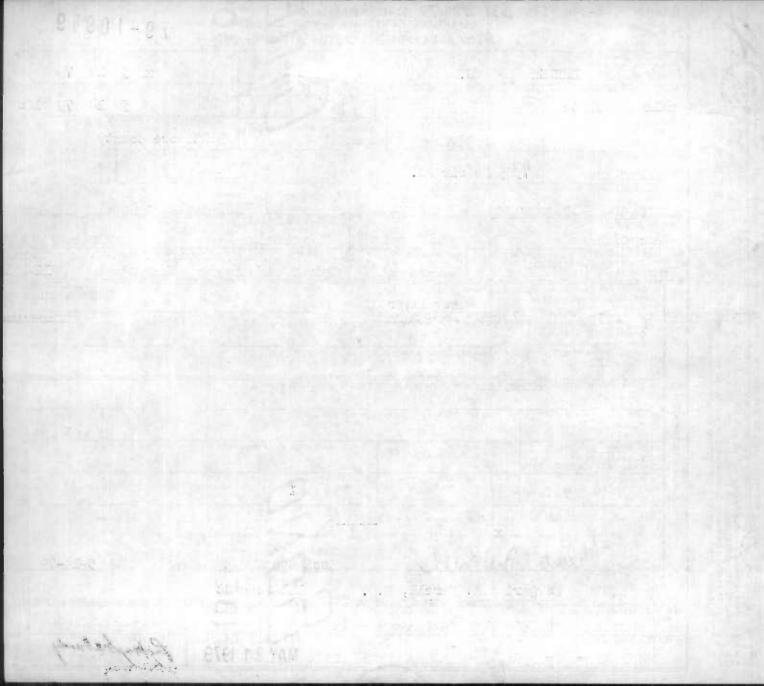
TO HOSPITAL OR ATTENDING PHYSICIAN: The la etoined by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fishold be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If Hem 21 is marked or them 18 shaws ony injury, or other troumatic event, the medical experien

man are a factor of the control of

	FOR	18a-2	2a Fi	Lm G532 (	DEPART	79 ISTA	HEALTH	ARYLAN	ID NTAL H	IYGIENI	E	7 (	1-1	0949	
1-	STATE REGISTRAR			MEI		EXAMI	NER'S	ERTIFIC	CATEO	F DEA	TH	REG. NO		00.	
	CEASED NA		FIRST		MIDDLE			LAST		2	OF DATE K	ESTI-	1	DAY YEAR	26 HOUR
3 SEX	v	14 RACE	ERNES'	L' DATE OF BIRTH	S.	6 AGE (IN Y	I FARS   IF LIN	iffge DER I YR. I	ens	24 HPS 1	DEATH .	MATED [	k 5	14 <sub>19</sub> 79	2d HOUR
	ale	whi	te	12 21	YEAR 21	LAST BIRTH			HOURS		RONOUN	CED	5	14 , 79	
70. B	RTHPLACE DREIGN COUNTRY	(STATE OR		L CITIZEN OF WE			T.	ED NEV	/FR M A PR	IED X		RE CITY O	RCOUNT	Y OF DEATH	1 M
G	erman	У		U.	S.A.		WIDOW		DIVORC	ED D		imore		ity	MD.
F	uller	ton			lair	Rd.		ER INSTITUT	ION	FOR M	al OCCUP ost of work isab.	NG LIFE!	OF WORK	OR INDUST	
USU/	AL RESIDENC STATE	13	COUNTY			OR TOWN	SION)	13d INSIDE CIT	TY LIMITS?		ET ADDRES				
-	aryla	The same of the same of	Balti	more	Fu	llert	on	YES 🗌	NO 🔀		05 Be	elair	Roa	ad	
	ATHER'S NAME FIRST			MIDDLE	Т	iffge	ne	15. MOTHE	arlo		MIC	DLE		Fried	
160.	WAS DECEAS	SED EVER IN	IU.S. ARME	D FORCES?		CIAL SECURI		17 INFORM			Fair	v Pews	Ave.	Exte	
	res. NO, OR UNKI <b>es</b>	NOWN)	WW ]	(R OR DATES)	421	-14-5	186	Gera	ard :		gens			on, N.	
	gave cause ( lying c	ions, if on rise to in (a) stoting the ause last.	nmediate ne <u>under</u> -	DUE TO, OR  (b)  DUE TO, OR  (c)  NTRIBUTING TO DEATH	AS A CON	NSEQUENCE	OF	E OR CONDITION	I GIVEN IN PA	RT 1 (a)					
ATION	190. DATE (	OF OPERAT	ON	196. CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFOR/	MED?					28 AUTOPSY	(?
TIFIC														YES K	NO 🗆
MEDICAL CERTIFICATION	UNDERLYIN	NAL CAUSE	2		. MONTH	DAY YEA		OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	RY IN ITEM 18 I	PART 1 OR PAI	RT 2)	
MEDI	WHILE AT WORK	OCCURRE NOT W AT WO	HILE	21e PLACE ( STREET, FACT	OF INJURY ORY, FARM, E			CATION			CITY OR TOW	'n	COI	UNTY	STATE
		ulted from:		couses <b>A</b> ,	Accident		uicide	Mamic TITLE (SI	PECIFY)	Undete	Inquiry rmined mai	nner,	d in my op DATE SIGNE	5-14-	-79
	EXAMINER (TYPE OR P	RINT)		garita A				ADDRESS_		Penn					
(		rial		5/17/79	Н	ebrew		hodox	250. DATE	Ba.			alti	more,	AD
	24. FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD 21222    250. Date Rec'd. By Registrar   25b.   MAY 2 1 1979   1979														



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician.

within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires should be detached for use as the burial-transt permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANI: If Item 2] is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be natified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYD		79-1	0950
1. DE	CEASED NAME FI	RST	MIDDLE		AST	REG. N		EAR 2b. HOUR
(TYPE	OR PRINT)	I iza het	1	L,	nton	May	5, 1979	M
3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	
	Female	Cau	c.	MONTH 3	11 1910	69	YRS MONTHS	DAYS HOURS MIN
	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	тн
	Md.	U.S		WIDOWE	DIVORCED		re County	y MD
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS OR
	Baltimore AL RESIDENCE (IF NURSING)		-Medical		nter Towson	Self-Emp	loyed	
		COUNTY	13c. CITY OR TOWN ROSedal	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 509 Pata	psco Ave	
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
	Charles	***************************************	Myers		Margaret	MIDDEE	Buck	
160 V	VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	ESS	
I	ĬO		212-22-	5885	Jacob Myer	s 123 N. 1		Ave.
	PART I. DEATH WAS IMM  Conditions, if ony, wh gove rise to immedi	DUE TO, O	(1)	ric	Rena 1	Failine	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	couse (a), stating underlying couse l	the DUE TO, O	r as a conseque					
Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PA	RT 1/o
CERTIFICATION	19a DATE OF OPERATION	1 196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M, MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAI	RT 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TO	wn Count	Y STATE
	220.1 certify that which saw the deceased a above (1) we) (did)	s haspital) attended the	2 19	79.0	nd that in (my) aur) apinian	death occurred on the d	ne and have and from	f, that (1) we) last m the causes stated
	22b. SIGNATURE	and 1	d Bond			MEDICAL STA		DATE SIGNED 5/5/79
	22d. PHYSICIAN'S NAME				22e. ADDRESS	1		
-	Howard							
73a. E	BURIAL, CREMATION, REM	, ,			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	county	MATE
24 FI	Burial  JNERAL DIRECTOR	5/8/7	9 Sac	cred	Heart Cem.	E_REC'D, BY REGISTRAR	Baltimore	A DELIVER B
P	Do browak:	2 Son 2	818 F T	Pa 1 +	imore St		feetory)	Hetreody

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

Dabrowski

& Son

E.

Baltimore

(	W	)	1
	xecuted within 24 hours ofter death. Page 4 may	nd completely filled in by the funeral director, pages 1 and 2 should be filed within 72 hours offer dea	medical examines must be nowfied of ance.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 million retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, progress should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours offine dentity with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified of once.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The li retoined by the hospitol or ottending physicion.	TO FUNERAL DIRECTOR: After should be detoched for use as t with the State Dept. of Health o	IMPORTANT: If Item 21 is morked

BP

Item

126

g532 6/12/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1095	
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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	TENE 7	9-10	951	
	CEASED NAME	Sharle	Cobrid	JEG V	B.	Lo Bianco, Sr.		1979	YEAR	26 HOUR 11:40P
3 SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR5
	Male		Whi	te	Aug.		60	YRS	NTHS DAYS	HOURS WIN
	IRTHPLACE (STATE OR FO	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	ennsylvani			SA	WIDOWE	DIVORCED	BALTIMOR		TYV	MD.
1	ITY OR TOWN OF DEA	ATH		H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O		126 KIND O	E BLIS WEST ORY
	OWSON		SAINT			PITAL	Superviso		Food	Date
130	AL RESIDENCE (IF NURS STATE aryland	134 COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 1104 Gitt	ings A	ve.	
14 FA	ATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		146	
	Innocenzio			Lo Biano	00	Dominicia	MIDDLE		Polit	0
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE		ALTHOUGH T	
	YES	WW1		188-03-9	9095	Jeanne H. I	o Bianco, S	Same As	XXXX	#13e
				line for (o), (b), one					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I, DEATH W		CALISE IN F	CUTE IN	FERI	OR MYOCARDI	AL INFARC	TION		
	410-		DUE TO, OI	AS A CONSEQUE	NCE OF A	RTERIOSCLER	OTIC			
	Conditions, if ony,		( 1b)_C	ARDIOVA	SCUL	AR DISEASE				
	couse (o), stating the underlying couse lost CARDIAC ARREST									
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							I IN PART 16	)	
CERTIFICATION	19a. DATE OF OPERA	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			206 AUTOPSY?  20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA  YES NO X				
CER	21a. ACCIDENT WAS UNE		216. TIME O		W VEAD	21c. HOW INJURY OCCURR		Y IN ITEM 18, PART	1 OR PART 2)	
AL	OR CONTRIBUTING (		P.	M. MONTH DA M.	YEAR					
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA	* Day 576 \	211 LOCATION	CITY OR TOW	, ,	COUNTY	STATE
2	AT WORK NOT WE	HILE	TAT HOME, STA	ELI, IACIONI, OFFICE, FI	nam, enc. j					JIAIE
	22a I certify that (I)	-				. 19	, to		,	that (I) (we) last
	obove, I) (we) (c	didy(did nat	view the body	ofter death	, or	nd that in (my) (our) opinion o	death occurred on the do	ote and hour o	nd from the	couses stated
	726. SIGNATURE	LAI		5		DEGREE			22t. DATE	SIGNED
	19	VIV	posen	a_W	K.	PHYSICIAN	MEDICAL STAP	IAN	5%	22/79
	LE his	SE THE	Mess,	WA A	到	2146, Q	sler &	n've	. To	reeson
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		PUNTY	STATE
(	Burial		5-26-	79 Dua	lney	Valley Memori		svi We	Balt	
24 FL	UNERAL DIRECTOR			ADDRESS			REC'D. BY REGISTRAR		SSS STATE	Drivery

DHMH - 16 50M 1/76 (VR A 15 (4))

Ruck Towson Funeral Home, Inc. Towson, Md.

21204 MAY

1979

12001-0 Commence of the Commence of th ACUTE THE RAIGH HYDCAMBIAL AND ASSETTON ARMERICACINEROTEC

1	1-	FOR STATE REGISTRA
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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10		_						

	REGISTRAR		C	RTIFICATE OF DEATH	REG. NO	13 1000
	DECEASED NAME FIRST	1	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
	DEL	ONT	Anna LO	CHBAUM	May 25,	1979 10;0
3 5	SEX	4 RACE		DATE OF BIRTH	6 AGE   IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 2
	Female	Whi		March 27, 1906	73	YRS
3010	BIRTHPLACE STATE OF FOREIGN COUNTRY) Maryland	U.S.	A .	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMO	COUNTY OF DEATH
58 10	TOWSON	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRE	HOSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HUTZLER	WORKING LIFE) INDUSTRY
55 13	Maryland	ME OR OTHER INSTITUTION. OUNTY	GIVE RESIDENCE BEFORE ADM	YES NO NO	3002 Bever	y Rd. 21214
200	Charles	WIDDLE	Hayward	Sue Ta	AME MIDDLE	Gardner
2 160	(YES, NO THINKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	214-30-407	John L. Lo	chbaum Sa	s <b>vne</b>
8 shows ony injury, or other troumotic event	Conditions, if ony, whice gove rise to immediate couse 101, stating the underlying couse los	DUE TO, OI  b  c  b  DUE TO, OI  c  DUE TO, OI  c  c  C  C  C  C  C  C  C  C  C  C  C	R AS A CONSEQUENCE Arterioso R AS A CONSEQUENCE COPD - Rer DITRIBUTING TO DEAT	elerotic Card	Cirrhosis Laennec's MINAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED
E E	Ĭ	ALC: USA			YES NO NO	YES NO
- 01	OR CONTRIBUTING TO CAUSE O	FDEATH HOUR A.	M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2}
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, FARM, E	211. LOCATION STREET	CITY OR TOWN	COUNTY STA
Ifem 21 is	220.1 certify that XIX this saw the deceased alivabove. X (we) (did) (XIX 22b. SIGNATURE	nospital attended the e on May 25	e deceased from AF		to May 25 and death occurred on the data	e and hour and from the causes state  22c. DATE SIGNED
	1	11100	MARKET	PHYSICIAN	DIRECTOR PHYSICIA	
Ž —		VDC OD DDIAITI		22e ADDRESS		
MPORTANT:	Frank D. M		, M.D.	7620 York	Rd Towso	on, Md. 21204

ADDRESS

Balto, Md.

Leonard J. Ruck, Inc.

TO HOSPITAL OR ATTENDING retained by the hospital or other

uG PHYSiCIAN: The low offending physician.

10:05 DE 10:05

THE ACTION AND STREET 

They are lived to the state of 
Frank E. Mederment, M.F. Toza Yozi, Ed. - Townen, Md. 21208

posterior. The same of the sam

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	7	q	_	1	n	9	5	3
REG NO		J		1	U	V	U	V

		STATE REGISTRAR		MED	ICAL EXAMINE	R'S CERTIFI	CATE OF D	EATH REG.	NO.79 -	-109	53
		EASED NAME	FIRST		MIDDLE	LAST		26 DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
			JOHN	O		CETELL,	JR.	DEATH MATED	□ 5	14 19 79	M
	sex ma	ale	white	5 DATE OF BIRTH	YEAR LAST BIRTHDAY) 44 34 YRS.	MONTHS DAYS	HOURS MIN		MONTH 5	14 1979	4:10 P M
		RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNTRY? 8	MARRIED   N					
9		aryland		U.S.A.		WIDOWED -		Baltimor			MD.
0	Ba	altimor	e	(auto)fro	ont of 867 Ma	aple Cres		USUAL OCCUPATION ( FOR MOST OF WORKING LIFE) Superintende		OR INDUST	RY
6	13a S1		13b. COUN Balti	TY	13c. CITY OR TOWN Baltimore	13d INSIDE YES		STREET ADDRESS  865 Maple Cr	est Dr	ive	
	14 FA	THER'S NAME		WIDOFE	LAST		ER'S MAIDEN N.	AME		LAST	
10		John		scar	Loetell, Sr		rothy	D.		enburg	
1		YAS DECEASED ES NO. OR UNKNO Yes		war or dates) - 9/66	215-40-5858	John	O. Loet	tell, Sr. Ba		e. Md.	
	CERTIFICATION	cause (o) lying cou	SNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH B	AS A CONSEQUENCE OF	AL DISEASE OR CONDITI		3),		20. <b>41.17.0</b> PSY	20073
1	TIFIC									YES EX	
7	MEDICAL CER	UNDERLYING CONTRIBUTII	G CAUSE OF	DEATH ? P.M.	5-14- 19 79	Self-i	occurred (#)	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
	MED	WHILE AT WORK		21e PLACE C STREET, FACTO in C8	ORY, FARM, ETC.)	867 Map.	Le Crest	Dr.	Bal.	to.	Md.
		220 I certifi death results		ge of the remains described and courses ,	cribed obove, held on Accident , Suici	Autopsy X	Inspection	ndetermined manner	ond in my op ],	pinion	
		ACTUAL SIGNATURE	(X)	MYX	200			MEDICAL EXAMINER	DATE SIGNE	5-15-	79
1		EXAMINER'S (TYPE OR PRI	11) A	nn M. Dixo		ADDRESS.	lll Pe				
	23a.Bl	SPECIFY)	ION,REMOVAL		23c. NAME OF CEME			Bd. LOCATION CITY OR TOWN	COUN		TATE
	24 5	Buri		5-17-79	нотту нт	1 mem. G	ardens   1	Baltimore Ba	Ltimor	e M	ld.
	-	icholas		hews, 302	l Eastern Av	e., Balt	MAY	1 8 1979	holed	meerin	7

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

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PHYSICIAN: The low

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### STATE OF MADVIAND DEPA

STATE OF MARILAND		
RTMENT OF HEALTH AND MENTAL HYGIENE		70
CERTIFICATE OF DEATH	REC NO	19-

	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE REG. N	79-	109	54	
þ		CEASED NAME FIRST		AIDDLE	1	LAST	20. DATE OF DEATH		YEAR	2h HOUR	
	(TYPE	OR PRINT)	ank T	Leslie	Lo	gan	May 30,	1979		6:15	AM
	3. SEX		4 RACE	SESTIE	5. DATE C		6. AGE JIN YEARS LAST BIRT		DER 1 YEAR	# UNDER 24 1	
3		Male	White	e	MONTH	ober 29,1907	71	MONTHS	DAYS	HOURS M	NIN
		RTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS. COUNTY OF D	EATH		
		Missouri	U.S.	Α.	WIDOWE	D WEVER MARRIED DIVORCED	Baltimor	e County			MD.
		TY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION 12b	. KIND OF	BUSINESS	
0	Ca	atonsville	Summit	Nursing	Home		Inspector		ity H	alto. ealth	Dpt
i	USUA 13a. S	AL RESIDENCE (IF NURSING HOA	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	1136 INSIDECITY LIMITS?	12. STREET ADDRESS				
5			Baltimore	Catonsv		YES NO X	13e. STREET ADDRESS 1034 Coll	wood Road	d 2	1228	
	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		LAST		
C		Leslie	Emory	Loga	n	Mav	MIOOLE			nd	3 50
		VAS DECEASED EVER IN U.S		166 SOCIAL SECU		17 INFORMANT	ADDRE			107	
	, i	No	, OITE WAR ON DAILS,	220-12-	6493	Mrs.Hilda R.	Logan, 1034	Collwood	Rd.,	2122	.8
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	line for (a), (b), and	d Ic				APPROXIM BETWEEN ON	ATE INTERVAL	iTH
			DIATE CAUSE (0)	culu	Vo	scul occi	alut	1	serie	mar	le
i		421-		R AS A CONSEQUE	NCE OF					1	
		Conditions, if ony, which		aliso	sch	erri are	u ftz h	eser p	ung	-	1911
Û		gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
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	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)		
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2	IFIC						YES T NOT	IN CERTIFYING YES	CAUSES	NO T	
7	CER	210 ACCIDENT WAS UNDERLYING	- 110110 4		Ve.	21c HOW INJURY OCCURE			R PART 2)	ب	
		OR CONTRIBUTING CAUSE O	DEATH	M. MONTH DA	AY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TOV		UNIY	STATE	_
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7		22a I certify that (I) (thus			7/21	1/73 19	to 5/3	2 192	9 , 11	not (I) (we)	lost
		sow the deceased alive above, (1) (we) (did) (die	e on 5/7		79.01	nd that in (my) (and opinion o	death occurred on the de	ote and hour and	from the co	ouses stated	d
		226. SIGNATURE	A			DEGREE	SIGNATURE SE		2c. DATE S	IGNED	
		Chy	Calles	· A.		ATTENDING PHYSICIAN	MEDICAL STA		5-30	5-7	9
		226. PHYSICIAN'S NAME (T			TOOL	22e ADDRESS					
		Dr. Cliff R.	atliff, J	•		Westview Mal	1, Catonsvi	lle, Mar	yland	212	28
		URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION	COUNT	Y	STATE	16
		Burial	6-1-79	Me	adowr	idge Mem. Pk.		, Howard			
		INERAL DIRECTOR		ADDRESS		h	E REC'D. BY REGISTRAR	25h. REGISTRAR'S	SIGNATU	RE	
	Hub	bard Funeral	Home Inc.	4107 Wi	lkens	Ave 21229 AY	3 1 1979	prophase.	LEGA	and .	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transi permit. Then please remove carbonpapers. Pages 1 and 2 should be fired with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

WhORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be matrides.

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injury, or other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows ony

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offire denth. Figure 1 min. Leetoined by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnism days are should be detached for use as the buviol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed with 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

	FOR STATE	XC	13	525	673	
1-	STATE	RAR				

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	9	95

REGISTRAK			CERTIF	TEATE OF PEATIF	REG. N	0.	. 0	000
1 DECEASED NAME FIRE	A TZ	AIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
HAR	RY VE	RNON	LOOSI	EMORE	MAY 6, 19	79		1:00 1
3 SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	_	UNDER I YEAR	
MALE	WHITE		MAY	10, 1911 YEAR	67	YRS.	INTHS DAYS	HOURS M
70 BIRTHPLACE ISTATE OR FOREIGN VEST VIRGINIA	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY O			
FORT HOWARD		OSPITAL, NURSING HEACHTY GIVE STREET A EDICAL CE		DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126. KIND C INDUSTRY	OF BUSINESS
USUAL RESIDENCE   IF NURSING HI 130 STATE MARYLAND BA	OME OR OTHER INSTITUTION, COUNTY LITIMORE	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	1211 WILLO	V ROAD		
14 FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	ST
JOHN		LOOSEM	ORE	HANNAH			RE	ESE
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
	WTT	213 07 5	707	CLINICAL REC	CORDS VAMO	FORT	HOWARI	n. m
18 CAUSE OF DEATH (Er				MILLIAN IN THE	Article Farmer			ONSET AND DEA
PART I. DEATH WAS C	AUSED BY			ADT ADDIGM			DCT COLUMN	CHAIL HARD DEA
1/3/1/ - IMM	EDIATE CAUSE (0)	CARDIOPI	ITMON	ARY ARREST				
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gove rise to immedia		AS A CONSEQUE	NICE OF				100	
underlying couse lo		AS A CONSEQUE	1102 01				100	
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M 190 DATE OF OPERATION	196 CONDI	I ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	OF DEATH?
12					YES NO	YES		NO 🗌
210. ACCIDENT WAS UNDERLY			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PAR	T 1 OR PART 2}	
OR CONTRIBUTING CAUSE	OFDEATH		19					
JIF EITHER, NOTIFY MEDICAL EXA	21e PLACE (		17	211 LOCATION				
		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TOV	/N	COUNTY	STATE
AT WORK LAT WORK			DD I	1,70	MAY C		70	
22a I certify that (I) (this	hospital) attended the	deceased from	TENTE	30 19 19	10 MAY 6	. 19		that (*(we)
sow the deceased al	MAY 6	otter death 1979	, or	nd that in (My) (our) opinion	death occurred on the de	ate and hour o	and from the	couses stated
22b. SIGNATURE	The state of the s	oner acom.		DEGREE			22c DATE	SIGNED
A -	South	016		ATTENDING	MEDICAL STA	FX	MAY (	6. 1979
22d. PHYSICIAN'S NAME				PHYSICIAN L	DIRECTOR PHYSIC	IAN [ ]	1	-7 -/1.
					CENTRUM TO	ADM 114-	MATOTO .	
ABDEL SALHA	B, M.D.			V.A. MEDICAL	L CENTER, FO	ORT HOW	ARD, I	עווי
230 BURIAL, CREMATION, REM	OVAL 236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	236 LOCATION			
BURIAL	5-9-	79	OAK I	LAWN CEM.	7225 EASTE		D. BA.	CO - MD

OAK LAWN CEM.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR

6224 EASTERN AVE. of Dondone, BALTO., 21224,MD.

1979

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

7225 EASTERN BLVD. BA. CO., MD.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	I. DEC	EASED NAME	FIKSI		MIDDLE		LAST	2a DATE OF DEATH	***************************************	DAY YEAR	2b HOU
1	(TYPE (	JOS	SEPH	FR	RANK	LOUG	CH	MAY 8, 19	79		5:1
t	3. SEX			4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIT	RTHDAY	IF UNDER 1 YE	AR IF UNDER
ı		MALE		WHIT	E	ociv	DBER 6, 1924	54	YRS	MONTHS DAY	S HOURS
1		THPLACE STATE OR F	OREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY			
1		RYLAND		U.S.		WIDOWI	ED DIVORCED	BALTIMOR			
3	F	ORT HOWARI		V. A.	MEDICAL	CENTE	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINE
7	USUA 130 S	L RESIDENCE (IF NUR ATELAND	136 CAR	ROLL	FINKSBU	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. 2165 BOL	LINGE	R ROAD	
I	14 FA1	THER'S NAME	,	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	O. D.	THE R	LAST
4	J	ames	0.00		Louch		Caroline			Tuce	k
5		AS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	RESS		
		YES	WW	II	569 36	2828	CLINICAL REC	CORDS. VAMC	FOR	T HOWAE	OXIMATE INTER
	7	Conditions, if ony gove rise to im couse (o), stoti underlying couse	, which mediote ng the	DUE TO, O  (b)  DUE TO, O	dr as a conseou dr as a conseou	JENCE OF	NOMA WITH GEN				5 MONT
7	CATION	gove rise to im couse (0), stati underlying cause	, which mediate ng the lost	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF			VDITION C	GIVEN IN PART	lo:
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2	CERTIFIC	gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	, which mediate and the lost NIFICANT C	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 COND  216 TIME C HOUR A	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF Y	GIVEN IN PART  (ES, WERE FINI TIFYING CAUS	DINGS USED ES OF DEAT NO
2	CAL	gove rise to im couse (o); stoft underlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UN OR CONTRIBUTING	, which mediate ag the same same same same same same same sam	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 COND  196 COND  TH HOUR A  P  21e PLACE	OR AS A CONSEQUENCE ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTION FOR WHICH OF INJURY  OF INJURY  J.M. MONTH D	DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	ON WAS PERFORMED  21c. HOW INJURY OCCUR  21c. LOCATION STREET	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	206. IF Y IN CER	GIVEN IN PART  (ES, WERE FINI TIFYING CAUS	DINGS USED ES OF DEAT NO
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

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# requires that the death certificate be executed within 24 hours after death. Page

FOR STATE

### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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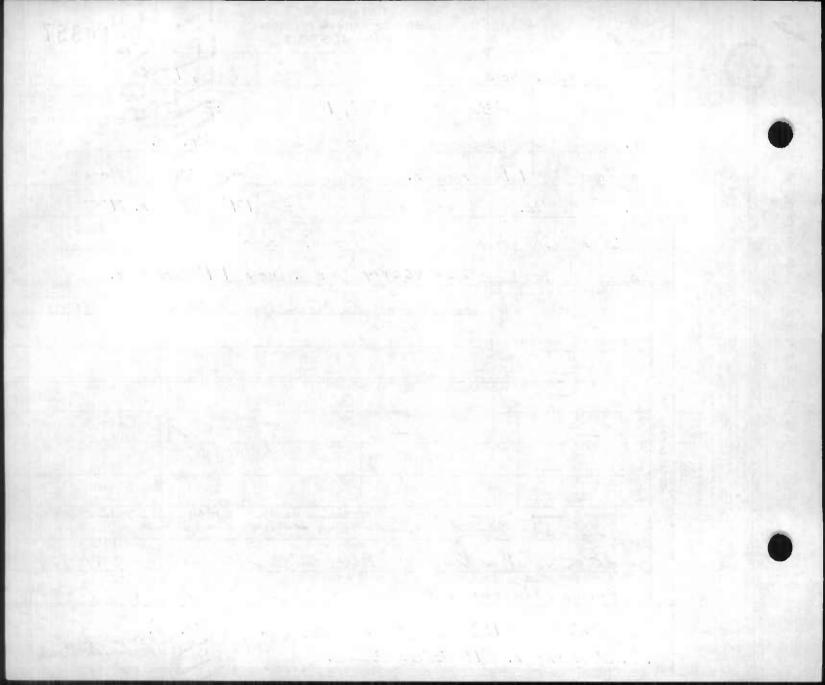
	REGISTRAR			CERTIFI	CAIR OF DEATH	REG. NO	5. 1 3	100	,
	CEASED NAME FIRST	A	AIDDLE	LA	SI	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
{TYPE	Annes 1	1. Lucas				May 8, 1	979		AA
3 SE		4 RACE	=	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY] IF	NDER I YEAR	IF LINDER 24 HRS
	Lemale	white	2	July	4, 91896 YEAR	8	2 YRS MON	THS DAYS	HOURS MIN
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
C	DUNTRY	USI	9	WIDOWE		Balto.	(0.		MD
10 CI	Woodlawn	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A		ROTHER INSTITUTION	120 USUAL OCCUPATI TYPE OF WORK FOR MOST O HOUSE WILE	F WORKING LIFE)	126. KIND O INDUSTRY NOME	F BUSINESS OR
		LE OR OTHER INSTITUTION.	134, CITY OR JOWN	N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	n Dr. 2	1207	
14. F.A	THER'S NAME RICHARD	MIDDLE	LAST		Nena? Inbi	MIDDLE		£AS	т
160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		
,	no	no	220 46	6414	John J. Luc	as 1914 Ke	rnan Dr	Le	
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OI	Hy perte R AS A CONSEQUE R AS A CONSEQUE	NCE OF	Candiovasculo  NOT RELATED TO THE TERM	ar Disease		44	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?  YES NO P	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTEY MEDICAL EXAMINATION OF CONTRIBUTION OF	F DEATH HOUR A.	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TOV		OR PART 2)	STATE
	220   certify that (1) (sheets saw the deceased alive above. (a) (we) (did) (p) (22b. SIGNATURY)	on May	19	79 on	d that in (my) ( propinion of opegree  ATTENDING PHYSICIAN (	death accurred on the di	F		
23n F	22d. PHYSICIAN'S NAME (TO Herman BURIAL, CREMATION, REMO	Brech	er, M.		6410 W	lindsor M	11 Rel	1. 2	1207.
				JAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low

retained by the haspital or attending physician.



. 1	1	It	ems #21a-21f&2		STAT	E OF MARYLAND		
A Y		1 - :	OR 5/17/79 restate REGISTRAR	C as DEPART	CERTIF	ICATE OF DEATH	REG. NO. 9 -	10958
אָל		DECE TYPE OF	ASED NAME FIRST RUTH	L CATHERIN	E	LUDWIG	20. DATE OF DEATH MONTH	12-79 2 15 MOUR 15 M
ector, po	3.	SEX	Female	White		of BIRTH lber 22,1925	6. AGE   IN YEARS LAST BIRTHDAY)  53  YRS	MONTHS DAYS HOURS MIN
nerol dir n 72 hou stonce.	5		HPLACE (STATE OR FOREIGN NTRY) Maryland	U. S. A.	WIDOW		Baltimore Count	
notified of	5 I	Ran	or town of DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore Cou	ity Ge		12a USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING L	175 KIND OF BUSINESS OR INDUSTRY  None
must be	- 11	3a ST.	RESIDENCE (# NURSING HOME OR ATE Vland 135. COUN Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 131. CITY OR TOVE BALLIMO	re admission) /N Dre	13d INSIDE CITY LIMITS? YES NO 🔯	7113 Liberty Ro	pad
e domine	0	В	ernard Fra	ancis Ludwig		15 MOTHER'S MAIDEN NA.	.e	Pritchett
Pages 1	14	6a WA (YES	S DECEASED EVER IN U.S. AR , NO OR UNKNOWN) (IF YES, GIVI NO	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES] 219-10-		Bernard F. Lu	ADDRESS  Idwig 7113 Libert	
emovol.		1	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a ED BY- TE CAUSE (a)	010	RESPIRATOR	RY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tion, or r oumofic			Conditions, if ony, which	DUE TO, OR AS A CONSEQU		4TION		
ol, cremot r other tre			gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF			
Then pled r to burio injury, or				CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	CEROSIS
giene prior	2	CERTIFICATION	DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
tem 18 sho			OR CONTRIBUTING TO CAUSE OF DE.	HOUR A.M. MONTH	AY YEAR	े ग्रहिकिसीपानिकेल्सिक	RES GENTE PARAS PROFILE SEAS	( PART I OR PART 2)
hond Me		ME	WHILE NOT WHILE TO NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE BCGH Hospita		BCGH 5401 0	city or town ld Court, Rd. Ra	county STATE
of Healt			sow the deceased alive or	oitol) ottended the deceased from  19 19 19 19 19	79	and that in (my) (our) opinion	deoth occurred on the date and ha	
defoched defoched tote Dept.			726. SIGNATURE	3		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 4-12-79
should be defi with the State	1		ORLANDO	ORPRINT) B. CONHMIA	NM	BCGH.	- RANDALISTOW	-
538		C	RIAL, CREMATION, REMOVAL remation	April 12,1979	Vestv			altimore Marylar
M 7/77	- 2	372	veral directorLoring	Byers Funeral Randallstown,	Jirec Maryla	ors, P.A. 250 DAT	TE REC'D. BY REGISTRAR 256. REGI	strar's signature

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

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## FOR DEPARTMENT OF 1 - STATE CERTII

MITCHELL-WIEDEFELD HOME, INC.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10	9	5	9
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	REGISTRAR				CEKITI	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	AIDDLE	ī	AST	20. DATE OF DEATH		AY YEAR	26 HOUR
(TYPE	OR PRINT)	Ray	mond N.	Mace			May 1, 1	.979		A,M
3 SE	Х		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	
	M		W		Jan		51	YRS	ONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
Ba	altimore, l		US		WIDOWE	D DIVORCED	Baltimore			MD.
10 CI	Towson	ТН	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET / Joseph H	ADDRESS)	al	(TYPE OF WORK FOR MOST O			
	AL RESIDENCE (IF NURS) STATE Md.	13b COUN	other institution, ITY IMOTE	130 CITY OR TOWN	ADMISSION) N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 123 Swart	hmore	Dr.	
14. FA	ATHER'S NAME FIRST Will:		. Mace,	Sr. LAST		15. MOTHER'S MAIDEN NA/ FIRST Mar	y Walkling		tA!	ST
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	TOP	VIET / TELL
0	YES, NO OR UNKNOWN] NO	(IF YES, GIVE	WAR OR DATES]	216 24 9	573	Mrs. Iris R	uth Mace 1	23 Swa	rthmor	e Dr.
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per	line for (a), poor	dicyc				APPROX BETWEEN	ONSET AND DEATH
			E CAUSE (o)	Cu	dia	Chrest				
	410-		DUE TO, O	R AS A CONSEQUE	NCE OF	10	1-		400	
- 149	Conditions, if ony, gove rise to imm		(b)	77(0	youn	that infunct	es.			
	underlying couse	_	DUE TO, OI	R AS A CONSEQUE	ENCE OF	Certay a	meure			
N O	PART 2 OTHER SIGN	IIFICANT (	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0)
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	110110 1	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2]	
MEDICAL	21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK		21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	27a.   certify that (1) sow the decease above, (1) (we) (d	d olive on		19	, or	nd that in (my) (our) opinion	death accurred on the de			that (I) (we) lost couses stated
	22b. SIGNATURE	12	Va	wh	12	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [	22c. DATE	SIGNED / ) S
	James C	4		D		6701 N. Ch	arles St.			
23a. E	BURIAL, CREMATION,		23b. DATE 5/4/			EMETERY OR CREMATORY Ly Valley	13d LOCATION Timonium	, Mg.	COUNTY	STATE
24 FI	UNERAL DIRECTOR			ADDRESS	(500.3	25 Q D A	PROD BY 1999 PRAR	25b 1639CF	MONEY STONE	handy

6500 York Rd.

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral dissoluted be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 that with the State Dept of Health and Mental Hygnere prior to buriol, cremotion, ar removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be notified a once.

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	and the first of the con-			noal mail	
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nding physician and completely filled in by the funeral direct corbon papers. Pages 1 and 2 should be filed within 72 hours

signed by the ottending

njury, or other troumotic event, th

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FUNERAL DIRECTOR: After this certificate has bee

offending physicio ATTENDING PHYSICIAN:

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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REGISTRAR			CERTIFICATI	. OF DEATH	REC	. NO. 1 J	- 1 0	300
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEAT	H MONTH DAY	YEAR	26 HOUR
(TIPE OK PRINT)	Frank	Mack			May 19.	1979	4	7:45 PM
3. SEX	4 RA	CE	5. DATE OF BIRTI		6 AGE (IN YEARS LAS		NDER 1 YEAR	IF UNDER 24 HRS
M		W	MONTH /13	DAY SEAR	62	YRS	HS DAYS	HOURS MIN
	OR FOREIGN 76 CT	TIZEN OF WHAT COUN	NTRY? 8	ISVED WARRIED (	9 BALTIMORE CIT	Y OR COUNTY OF	DEATH	
COUNTRY)	4	VSA	WIDOWED T	DIVORCED	Baltimo	re County		MD.
10 CITY OR TOWN OF			URSING HOME OR OTH		120 USUAL OCCU	PATION	12b. KIND OF	F BUSINESS OR
RUSSUTLI	E	FRANKLI				OST OF WORKING LIFE)	NDUSTRY	
USUAL RESIDENCE (IF	NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)					
130 STATE	136 COUNTY	13t CITY OF	S FX YES		13e STREET ADDRE	RVILLE	R	5
14 FATHER'S NAME	1 0773		127	THER'S MAIDEN NAM		7(0 /10 = 2		
FRAM	MIDDLE		ST .	BERTHA	MIOD	PIL	LAST	
160 WAS DECEASED E		FORCES? 16h SOCIAL	SECURITY NO. 17 IN	FORMANT	AC	DRESS		
(YES, NO OR UNKNOWN	(IF YES, GIVE WAR C		07 4264 11	RMA M	ACK	ABOU	1E	
		10 10	67.01	17-17 /-1.	Merk	T		MATE INTERVAL
PART I. DEAT	EATH (Enter only one H WAS CAUSED BY:	couse per line lar (a), i	b', ond c' D	0	Manne of	1200	BETWEENO	INSET AND DEATH
1191	IMMEDIATE CA	USE (o)	mus fu	mony	AVION			
7//0		DUE TO, OR AS A CON	/ 1	de.e	B. /.	0.		
Conditions, if gave rise to		(b) Evere	- Chrome	USA WELL	I wholly	Mistage		
underlying co		DUE TO, OR AS A CON	SEQUENCE OF	1'0	D 8.			
	(	(c)	one Isnon	hots and	a confi	yren 1		
	SIGNIFICANT COND	ITIONS CONTRIBUTION	G TO DEATH BUT NOT R	- Inacti	IN AL DISEASE OR C	ONDITION GIVEN I	N PARI IIo	
Pula 190 DATE OF OPI	RATION	% CONDITION FOR V	VHICH OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDIN	IGS USED
DE .					YES NOT	IN CERTIFY IN		OF DEATH?
71g ACCIDENT WAS	UNDERLYING 7	Ib. TIME OF INJURY	21c. H	IOW INJURY OCCURRE				110
	CHOSE OF DEATH	HOUR A.M. MONTI						
(IF EITHER, NOTIFY M		P.M. Te PLACE OF INJURY	19	OCATION				
	OT WHILE (	AT HOME, STREET, FACTORY,		STREET	CITY O	RTOWN	COUNTY	STATE
	T WORK		from July	1077	- La	1041	79	sh = s (1) (=## =
sow the dec	eased alive on	ttended the decepsed	19 79 and that	in (my) (por) opinion di	leath occurred on the	ne date and hour on		that (I) (we) lost
abave, (1) (27), SIGNATURE	elidid did nati viev	v the body after death.	DEGRE				226 DATE S	
DIA	Elan 1	DI Lama	ma		MEDICAL _	STAFF	6/3	1/29
- A	· Joverno	with the			MEDICAL DIRECTOR PH	YSICIAN [	7/2	1///
226 PHYSICIAN'S	S NAME (TYPE OR PRINT			OI FRANKL	I M CO D	CIVE Ral	+	21277
1.1	SHEKRO	URNE	-11	of Liourne	-114 & 4	, and	4 -	

23c. NAME OF CEMETERY OR CREMATORY

SECURITY PROCES

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etoined by the hospitol HOSPITAL

DHMH - 16 50M 1/76

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(VR A 15 (4))

CREMATION, REMOVAL

EMATION

230. BURIAL,

24 FUNERAL DIRECTOR
J. G. CONNELLY 300 ADDRESS MACE

21/79

23d LOCATION CITY OF TOWN

STATE MD

256. REGISTRAN'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours ofton with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO. 1 9	1-10961
1. DECEASED NAME	FIRST	MIDDLE	i	LAST	20 DATE OF DEATH	MONTH E	DAY YEAR 26 HOUR
Er	nmanuel Ge	orge	Mag	ggelakis	Ma	y 24, 1	979
3. SEX	4 RACE		5 DATE (		& AGE (IN YEARS LAST		IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Wh	ite	May	40 10, 1893	86	YRS.	MONTHS DAYS HOURS MIN
To. BIRTHPLACE (STATE OR FOIL	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D INEVER MARRIED	9 BALTIMORE CIT		
Greece	U.S.		WIDOW	ED DIVORCED	Baltimo		ty
USUAL RESIDENCE (IF NURSIN	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MO Marine	ST OF WORKING LIFE	12% KIND OF BUSINESS OR E) INDUSTRY
USUAL RESIDENCE (F NURSII 130. STATE Maryland	NG HOME OR OTHER INSTITUTION 13% COUNTY Baltimore	13c. CITY OR TOW Parkvil	N	YES NO X	13e STREET ADDRES		enue
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDL		LAST
George	Ma	ggelakis		Sophia			atigakis
	U.S. ARMED FORCES? (IFYES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		DRESS	
Yes		086-16-	-6823	Mrs Anastas	ia Maggela	kis	Same  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gove rise to imm couse io storing underlying couse  PART 2 OTHER SIGN	mmediate Cause (o)	OR AS A CONSEQUE	NC OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GIV	EN IN PART 110
NO DATE OF OPERAT	ION 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDINGS USED YING CAUSES OF DEATH?
	AUSE OF DEATH HOUR A	DF INJURY .M. MONTH DA	YEAR	216 HOW INJURY OCCUR			
OR CONTRIBUTING CO	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	5/4	1000	COUNTY STATE
saw the docemen above, (I) (ve.) (di	this harpstell attended to dive on	119 19		nd that in my) (our) opinion	death occurred on the	e date and hou	
276 SIGNATOR	rolus				MEDICAL S DIRECTOR PHY	TAFF SICIAN [	5/25/79
Dr. Ro	bert Mahon	M.D.		204 E. Jop	pa Road	Towson	Maryland
230. BURIAL, CREMATION, R (SPECIFY)  Burial	23b, DATE 5/26			Orthodox	23d LOCATION CITY OF TOWN Baltim	ore, Ma	county state

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

Greek Urthodox

Baltimore, Maryland

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. 29 1979

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allefo sails	Line hand den	858a-32-3		ant services
hostypes neeve fisch	* Times a			
houry meno fisch	EGG H. Jones		Hottasi S	nedoff .TL
La	YAM Buni			Birtal beoment de m

n and campletely filled in by the funeral director, Pages I and 2 shauld be filed within 72 hours afte

signed by the attending physicia

	FOR	
-	STATE	
	DECISTRAD	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10962	7	9	_	1	0	9	6	2
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1	REGISTRAR			CALL OF DEATH	REG. NO	).	10002
П	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	ST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR			
	Anne	Elizabeth	guire	May 31,		8:10 <sup>R</sup>	
1	3. SEX	4 RACE	5 DATE OF	11/1909 YEAR	6 AGE (IN YEARS LAST BIRTE		UNDER LYEAR IF UNDER 24 HRS
ļ	Female	White	YRS.				
4	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		☐ NEVER MARRIED ☐	9. BALTIMORE CITY O		
4	Maryland  OCITY OR TOWN OF DEATH	U.S.A.	WIDOWED		Baltimon		INTY MD.
2	Dundalk	(IF NOT IN SUCH FACILITY, GIVE STREET A 3819 Old Nort	DDRESS)	21222	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY
+	USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		ist. Cour	csupy	sr/St.of Md.
S	Maryland   Bal			13d. INSIDE CITY LIMITS? YES NO 🔀	3821 Old	North	P+ Rd
1	14 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	E	HOT CIT	Table 1
à	Charles	Matthai Matthai		Margaret	WIDDLE		Deboy
1	16a WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	A -	17 INFORMANT	ADDRE		
	No	309,32,	2786	Michael G.	Maguire	Same	as 11
I	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one couse per line for 101, 161, and					BETWEEN ONSET AND DEATH
1		TE CALISE := 1	pris				3 deys
	1749	DUE TO, OR AS A CONSEQUE	ACE PLA	est - br	Lel.		4 Class
Conditions, if ony, which gover rise to immediate cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF							1
							V
1	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CONF	DITION GIVEN	IN PART 1/5
1	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION	WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS USED
	RTIF		V		YES NO	YES [	] NO []
П	OR COLUMN TO CALLET OF THE		Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	) P.M.	19				
1	21d INJURY OCCURRED  WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OF TOW	N	COUNTY STATE
	AT WORK AT WORK			10.45	5/	37 10	- K
1	sow the degeosed plive on	ital) attended the deceased from	9,000	that in (my) (our) opinion de	eath accurred an the da	ite and hour or	nd from the causes stated
1	22b. SIGNATURE	of wiew the body often death	Di	EGREE			22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							6/1/1979
1	220. PHYSICIAN'S NAME						
	Robert Maho	on, Jr., M.D.		204 E. Jopj	pa Rd., T	owson	Md. 21204
	23a. BURIAL, CREMATION, REMOVAL		AME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	60	MANTY STATE
١	Burial	6/2/1979 Oa	ak La	wn Cemetery	Baltimo	re	Md.
	24 FUNERAL DIRECTOR	ADDRESS		1 11 111	REC'D, BY REGISTRAR	Les Fry	McCreedy
Į	Walter Brooks	Bradley Inc. D	Dunda	lk, Md.JUN	4 13/3	/	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detoched for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Z	FOR STATE REGISTRAR			STATE OF MARYLANI MENT OF HEALTH AND ME EXAMINER'S CERTIFIC	NTAL HYGIENE	reg. No 9
	1. DECEASED NAME	FIRST	MIDDLE	1AST	20 DA	TE KNOWN X MO
3 ac 5 2 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(TYPE OR PRINT)	Lisa	Jean	Manning	DEA	TH MATED .
Y S	3 SEX	1. RACE	5 DATE OF BIRTH		F UNDER 24 HRS. 2c D	
0.74	Fomolo	Libito	7/6/1959 YEAR	LAST BIRTHDAY) MONTHS DAYS		DUNCED FAD #

= ST.	ATE GISTRAR		ME	DICAL EX	XAMIN	ER'S C	ERTIFI	CATEO	F DEA	ATH	REG. N	79-	11	96	3
	ASED NAME	FIRST		WIDDLE	The T		LAST			20 DATE	KNOWN	MONTH	DAY	YEAR	26 HOUR
(TYPE O	R PRINT)	Lisa	J	ean		Ma	annin	g		OF DEATH	MATED	5	4	19 79	M
3 SEX		I. RACE	5 DATE OF BIRTH					IF UNDER		2c DATE		MONTH	DAY	YEAR	M HOUR
Fer	male	White	7/6/19	59 <sup>EAR</sup>	19 YR		DAYS	HOUR5	MIN	PRONOU DE AI		5	4	19 79	A M
	HPLACE (STA	ATE OR	76. CITIZEN OF WI			8. MARRI	ED [] NI	EVER MARRI	ED X	9. BALTIA	ORE CITY	OR COUN	TY OF E		
	ie. P	a.	U.S.A			WIDOW		DIVORCI	,	100	Baltin	nore	Coun	itv.	MD
	OR TOWN C	-	11. NAME OF HOS			, OR OTH	ER INSTITU	JTION		UAL OCCU	PATION IN		12b KI	ND OF BURINDUST	JSINESS
Mi	ddle R	iver	12 Br	ock Ci					St	uder	it		Sc	choo	ì
USUAL F		13b COUN	orother institution, gi ty timore	13c CITY O			13d. INSIDE YES [	CITY LIMITS?	13e. STR	REET ADDR	ess Brans	ton	Roc	ad	
14. FATH	HER'S NAME		1. DOLF	1.0			15. MOTH	ER'S MAIDE	NNAME	E ,	AEDOLE			LAST	
0	Jame	S	P. A	lannir	na. S	Sr.	J	ean		Phi	illis		Shr	eve	
	S DECEASED	EVER IN U.S. AR	MED FORCES?		AL SECURITY		17. INFOR	MANT CO	tor	isvil	ADDRES	s Md.	21	1228	•
[YES,	NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	218-	84-50			es P.							
11	CAUSE OF	DEATH (Enter on	ly ane couse per line	for (a), (b), c	and (c).)								T A	PPROXIMAT	E INTERVAL T AND DEATH
	PARTIDEA	ATH WAS CAUSE	D BY: TE CAUSE (o)	Asphyx	cia by	hans	ging						951	WEEK OKSE	TAND DEATH
	953	IMMEDIA		AS A CONS	EQUENCE C	OF .					-		-		
		s, if any, which	(6.)												
	couse (a)	e to immediate stating the <u>under</u> -		AS A CONSE	EQUENCE C	OF.						Y			1-11
	lying caus	e lost.	(c)										3		
P	ART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATE	O TO THE TERMI	INAL DISEASE	OR CONDITI	DN GIVEN IN PAI	RT 1 o.						
20															
CERTIFICATION	90. DATE OF	OPERATION	19b. CONDI	TION FOR W	HICH OPER	ATION W	AS PERFO	RMED?				W.	20. /	AUTOPSY	?
FE														YES X	NO 🗆
2	Io. EXTERNA	L CAUSE WAS	216. TIME O		NE 10	21c HC	OW INJUR	Y OCCURRE	DIENTER	NATURE OF IN	EJURY IN ITEM 1	8 PART I OR P	ART 2)		
	INDERLYING	U OR IG □ CAUSE OF I	0	$\frac{1}{2}$ MONTH D	4 10 7		ubiec	t hans	ged :	self					
V	Id INJURY O	The same of the sa	21e. PLACE	OF INJURY	(AT HOME,	211. LO	CATION		,				0.0		
X V	WHILE T WORK	NOT WHILE	2	TORY, FARM, ETC.	.)		Broc	k Circ	cle.	Midd			Balt	imor	e. Md
					1 44								100		,
			ge of the remains de	Г		-	sy X,			Inquiry		and in my o	pinion		
	death resulte	d from: Notus	rol couses,	Accident L		icide X		icide	Under	termined m	ionner []	,			
A	CTUAL	luran	na Llove	mnv	7			specify) istani	·			DATE		5/4	/79
S	IGNATURE_	0	na Llore			M	.0, -400	202411	MED	DICAL EXA	WINEK	SIGN	EU		
	XAMINER'S N		ginia L.	Dolan.	M.D.		ADDRESS			11	1 Pen	n Str	eet		
		ION,REMOVAL 2			AME OF CEA			ORY		OCATION ORTOWN			UNTY		TATE

DHMH-17 (VR A15 ME (5)) 15M7/76

5/8/79 Burial

Catonsville, Md. 21228

24. FUNERAL DIRECTOR Sterling Juneral Estate 736 Edmondson Ave.

MAY 8

E0001-014 5361/976 Ed. Pallinge Chicagolile v. 2005 Brunston Acad Joies F. McDaine, Sr. . fort Fillits Strate 21226. work room in the state of the s region - 5/8/20 the Colorest Counters - authore, derutions

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pring should be detached for use as the burial-transit permit. Then please remave corbonpapers. Pages 1 and 2 should be filed within 72 hours after deceint the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10964

1. DEC	CEASED NAME	FIRST	TV.	AIDDLE	LAST			20 DATE OF DE	ATH MONT	H DAY	YEAR	26 HOUR	,
(TYPE	OR PRINT)	Helen	M	vrtle	MAS	ΩN			5	22	79	1:20	
3. SEX	x		RACE	yreic	5 DATE OF B			6. AGE (IN YEARS			DERIYEAR	IF UNDER 2	_
F	FEMALE		CAUCA	MATE	MONTH	DAY	YEAR 92	97		MONTH	5 DAYS	HOURS	MIN
	IRTHPLACE ISTATE O	R FOREIGN 7		WHAT COUNTRY?	8			9. BALTIMORE	CITY OR CO	VRS UNITY OF D	EATH		_
C	OUNTRY) ENNSYLVA				MARRIED L	-							
	ITY OR TOWN OF D		USA 1. NAME OF H	HOSPITAL, NURSIN	WIDOWED NO HOME OR C		ORCED	Baltin 120 USUALOCO			h KIND O	F BUSINES	55 (
De	OGGUTTE		(IF NOT IN SUCE	H FACILITY, GIVE STREET	ADDRESS]			(TYPE OF WORK FOR	MOST OF WOR		DUSTRY	00011120	
	DSSVILLE AL RESIDENCE (IF N		FRANK.	LIN SQU		SPIT	AL	HOUSE	MILE				_
13a S	STATE	136 COUNT	TY	13c. CITY OR TOW	/N 1130	I. INSIDE CI		13e STREET ADE		22			
_	ARYLAND ATHER'S NAME			BALTIM		4-6/	MAIDEN NA		BELAI	R RD.			_
IN. FA	FIRST	M	IDDLE	LAST		F	FIRST		IDDLE		LAS		
	OTTO			WEIN			UISE		1 DODDECC		-		
	WAS DECEASED EV YES, NO OR UNKNOWN]		WAR OR DATES)	16b SOCIAL SECU		INFORMAL			ADDRESS				
	NO			1650318	92D I	AURA	VETR	A 3505	BUCK.	BOARD		AATE INTERV	
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IFICATION	gove rise to i cause (a), sta underlying cau	immediate string the use last.	DNDITIONS CO	R AS A CONSEQUE	DEATH BUT NO			200 AUTOPS	Y? 20b	IF YES, WE CERTIFYING	RE FINDIN	GS USED OF DEATH	1?
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## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

rector, page 3 ws after death

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

14 FUNERAL DIRECTOR Witzke Funeral Home of Catonsville 1630 Edmondson Ave Catonsville, Md. 21228

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1979

MAY 7

9	1 -	STATE REGISTRAR				CERTIF	ICATE OF DI	ATH	RE	G. NO.	9 -	103	00	
		CEASED NAME OR PRINT)	FMST TIRZ		AIDDLE	MAT	HERS		20 DATE OF DEA	н момтн 5	DAY 5	YEAR	25 HOU	JR
	2 (5)								4.465			DER I YEAR	# UNDER	Рм
	3 SE)	Female		a RACE Whi	te	S DATE O		97	6. AGE (IN YEARS LA 82	ST BIRTHDAY]	MONTH		HOURS	MIN
12	CO	RTHPLACE (STATE OR FOUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M		1 BALTIMORE CI	TY OR COU	NTY OF E			
0	10 CI	TY OR TOWN OF DE		11. NAME OF H	HOSPITAL, NURSIN H FACHLITY, GIVE STREET AGNOS	WIDOWE OF ADDRESS)		ORCED [	120 USUAL OCCU (TYPE OF WORK FOR M HOUSOWI	OST OF WORKIN	G LIFE) IN	INTY IS KIND CONDUSTRY OWN		ESS OR
5	USU/ 13a S	AL RESIDENCE (IF NURS STATE Md	Balti	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsvi	'N			134. STREET ADDR 415 C	ss Wheato	n Pa	lce		
30	d.	THER'S NAME FIRST	ck A	1.	Jeicksel		Mary	MAIDEN NA/ Elizal	beth "o		Wolf	ganı̈́	51	
1		VAS DECEASED EVER		WED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAN	IT	A	DDRESS				
		No			168-50-1	122B	Doroth	y Jean	Stichel	Same	as #			
		18 CAUSE OF DEAT PART I. DEATH W  Conditions, if ony gove rise to imm couse (0), stotin	/AS CAUSED IMMEDIATE , which mediate ng the	DBY E CAUSE (0).	PAS A CONSEQUI	ENCE OF	Jachy	V.D.	rys Hyrri	<u>i</u>		6	MATE INTER ONSET AND MA	D.
2	CERTIFICATION	PART 2 OTHER SIGN	NIFICANT C		ONTRIBUTING TO I				200 AUTOPSY?	20b. IF	YES, WE	RE FINDING CAUSES	NGS USE	TH?
9	-	218 ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF			OR PART 2)	110 [	
	MEDICAL	218 INJURY OCCUR	HILE (T)	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION		CITY C	er town	cc	OUNTY	51	TATE
		220 I certify that (1) saw the deceas above, (1) (we) (	ed alive on	41	26 199	/		ur) opinion (	death occurred on t	he date and		from the		
		226 SIGNATURE	Edron	and &	each,	M	Zi Pi	TENDING HYSICIAN	MEDICAL DIRECTOR   PH	STAFF IYSICIAN [		5	7/79	9
1		C. Edwa:			).		14 E.	Eager	Street	Baltim	ore,	Md.	1	
٦	23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE 5/8/79	23c. t	eadou	EMETERY OR CE		23d LOCATION CITY OR TOWN		A A		Md.	ATE

DHMH-16 20M (VRA 15, 4) 7/78

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

TTENDING PHYSICIAN The

TO HOSPITAL

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executed within 24

requires that the death certificate be

TTENDING PHYSICIAN The low attending physicion.

etained by the hospital or

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TO HOSPITAL

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	79	-109	366
I. DEC	CEASED NAME	FIRST		MIDDLE		AST	24 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
,		JOSEPH	INE		MAXW	ELL		5 6	79	10 an
3 SE)	Female		RACE	White	5. DATE (		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	RTHPLACE (STATE OR E			WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city of Balti			MC
Ca	ty or town of DE tinsville		(IF NOT IN SU	CHEACHITY, GIVE STREET	ADDRESS)	OM OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Beauticia	OF WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
13a S	AL RESIDENCE (IF NUR TATE	136 COUNT Balti	Υ	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO 🏋	13. STREET ADDRESS 1010 Cros	sby Roa	d	
14. FA	THER'S NAME FIRST Frank		DOLE	Gsund		IS. MOTHER'S MAIDEN NA Johanna	WE	Ci	zek (ASI	ı
16a V	VAS DECEASED EVER	R IN U.S. ARM		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
	No			216-28-6	377	Mary Cizek 60	002 Eunice	Ave Bal		MATE INTERVAL DINSET AND DEATH
CERTIFICATION	Conditions, if any gove rise to im cause (a), stati underlying cause	mediate ng the e last NIFICANT CO	DUE TO, CO		ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	I IN PART 1(0	O' IGS USED
TIFIC							YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2}	
MEDICAL	21d INJURY OCCUR	VHILE ORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I saw the decease above, (I) (we) (	sed alive on_	5-5-			nd that in (my) (aur) apinian	death occurred on the d	ote and hour a	nd from the c	
	226. SIGNATURE		ER	nore	>	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		5-7-	-79
	James E					413 Commonwo	ealth Ave C	atonsvi	lle, M	ld.
23e. B	URIAL, CREMATION SPECIFY) Bur		236. DATE 5/8/			EMETERY OR CREMATORY  d Ridge	PIKBSVII	le Bã	Tŧo	Mare
	INERAL DIRECTOR			al Hømes o		onsville MA	e rec'd. by registrar 17 1979		R'S SIGNATI	

21228

DHMH-16 20M (VRA 15, 4) 7/7B

1630 Edmondson Ave Catonsville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner must be



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## STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10967

	h	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME OR PRINT)	Ali		M.	McA	ADAM	May 10		979	488
	3. SEX	Female	9	4 RACE Whi		5 DATE O	DAY SEAR	6. AGE JIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS
5.8	CC	RTHPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	1.	D NEVER MARRIED	Baltimore city of	OR COUNTY		
90	ŗ	TY OR TOWN OF DE		Dulan	ey Tows	on N	arsing Home	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMOMA	OF WORKING LIFE	126 KIND O INDUSTRY Own	
₩ost De	USU/ 13a S	AL RESIDENCE IN NUR STATE Md.	13b COUN	ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN OKLANDY	N	134 INSIDE CITY LIMITS?	13# STREET ADDRESS P.O. BO	x 544	ļ	
examine	14_FA	Walter	,	MIDDLE	Lake		15 MOTHER'S MAIDEN NAME Sabina	ME MIDDLE H	Ι.	McDo	noug
medico	16a V	VAS DECEASED EVER (ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	375-46-		Mrs. Jame	ADDR		Sam	9
y injury, o	ATION	PART 2 OTHER SIG	NIFICANTO		ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CON		EN IN PART 1(d	11
ō	0	19a DATE OF OPERA	NOITA	196 COND		0	TO THE STERI ORINED	1	IN CERTIES		
them 18 shows or	ICAL CERTIFICATION	21a ACCIDENT WAS UN OR CONTRIBUTING  [IF EITHER, NOTIFY MEDIC	IDERLYING CAUSE OF DEA	21b. TIME O HOUR A	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJU	YES	YING CAUSES	
narked or them 18 shows an	MEDICAL CERTIFICA	218. ACCIDENT WAS UN OR CONTRIBUTING  IF ETHER, NOTHY MEDIX 214. INJURY OCCUR WHILE NOTH AT WORK AT W.	CAUSE OF DEA CAL EXAMINER) RED WHILE	21b. TIME O HOUR A P., 21r. PLACE (AT HOME, STR	F INJURY M. MONTH DA M. OF INJURY GET, FACTORY, OFFICE, F	Y YEAR			YES	YING CAUSES	OF DEAT
(MPORTANT: If them 21 is marked or them 18 shows on		218 ACCIDENT WAS UN OR CONTRIBUTING     IF ETHER, NOTIFY MEDK 21d. INJURY OCCUR WHITE NOTIFY AT WORK AT WITE 220 I certify that (I	CAUSE OF DEA CALEXAMINER) RED VALLE (A)	21b. TIME O HOUR A P.,. 21r. PLACE (AT HOME, STE	FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F	Y YEAR 19	211 LOCATION STREET  211 LOCATION (May) (Our) opinion of	CITY OR TO  CITY OR TO  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	VES	COUNTY COUNTY CONTROL TO THE COUNTY COUNTY CONTROL TO THE COUNTY COUNTY CONTROL TO THE COUNTY COUNTY CONTROL TO THE COUNTY COUN	ST. hat (I) (we causes sta

TO HOSPITAL

DHMH-16 20M (YRA 15, 4) 7/78

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	REG	ISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	5 10	500
	1 DECEASE		FIRST		MIDDLE		LAST	20. DATE OF D	ATH MONTH	DAY YEAR	26 HOUR
	(TITE ON FRII	11)	Hugh		В.		<b>AcCotter</b>	May 1	0, 1979		1:14
	3 SEX		4	RACE		5. DATE (		6 AGE JINYEAR	LAST BIRTHDAY)	IF UNDER I YEAR	
	Me	ale		White	е	Nov.		63	YR	MONTHS DAYS	HOURS /
	7a BIRTHPL	ACE (STATE C	OR FOREIGN 7	CITIZEN OF	F WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN		
70		Caro!	lina	U.S.	A.	WIDOWI		Balt	imore Co	ounty	
17	10 CITY OF	TOWN OF	DEATH 1		HOSPITAL, NUF		OR OTHER INSTITUTION	120 USUAL OC	CUPATION R MOST OF WORKING		OF BUSINES
56	Tows	n	(				lical Center		ll Co.	Stat) HADOSTKI	129-19
	USUAL RES	IDENCE HEN	136 COUNT		N. GIVE RESIDENCE BI		113d INSIDE CITY LIMITS?	13e STREET AD	DRESS	doffice.	
35	Mary	and	Baltin		Baltim		YES NO			rk Court	
	14 FATHER	SNAME	M	DDLE	TAST	100	15 MOTHER'S MAIDEN NA		AIDDLE		AST
10-	Bradi	ord		L.	McCot	ter	Jennie		bbey	Rit	ter
1		ECEASED EV	ER IN U.S. ARM		166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRESS		
	Yes	OK OTAKITO TITLE		II	212-09-	9785	Mary Mae Mo	Cotter	6635 GI	lenbark	Court
	18 C	AUSE OF DE	ATH Enter only	one couse pe	er line for (o), (b)	ond (c				AFPRO	NIMATE INTERVA
	P	ART I. DEATH	WAS CAUSED	BY		inomo	a Lung			10	Mr. Bri
	7	101	IMMEDIATE	CAUSE 10)_	Cor.					1	min
	- /	60	7	DUE TO, O	OR AS A GONSE	1,000	ata and	1		5.	H.
AL.		ditions, if o		(6)	WILK	merc	islasu to c	river		314	in y
	cov	se (o), sto	oting the	DUE TO,	OR AS A CONSE	OUENCE OF					
	und	erlying co	use lost	( c)_					T. Carlotte		
		2. OTHERS	IGNIFICANT CO	ONDITIONS C	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	RCONDITION	GIVEN IN PART 1	(0)
	CERTIFICATION 13-10										
0	S 190 D	ATE OF OPE	RATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FIND	
do	표							YES N	0	YES [	NO [
9			UNDERLYING	HOUR	OF INJURY	a VEAD	21c HOW INJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM	18, PART 1 OR PART 2]	
-/	W OR C		CAUSE OF DEATH		A.M. MONTH P.M.	DAY YEAR					
	~	NJURY OCC			E OF INJURY	17	21f LOCATION	40			
		E NO	T WHILE		TREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CI	TY OR TOWN	COUNTY	STATI
,			WORK L							=0	
2			Vision .	il) oftended t	the deceased fro		<del>47-</del> , 19 <u>-5-7</u>	, 10	-10	_, 19	, that [] (we
7	3	ow the dece	osed olive on_	view the bod	y ofter death.	9	nd that in (my) (our) opinion	deoth occurred o	n the dote and l	hour and from the	e couses state
b	77h S	GNAROUS	10	20		2	DEGREE		4 10 10	22c. DAT	ESIGNED
	5 4	71	VCINT	21/1	(m	6 1	M.D. ATTENDING	MEDICAL DIRECTOR	STAFF	5-	11.7
1	77d.	HYSICIAN'S	NAME ITYPE OR I	PINT	000		22e ADDRESS	DIRECTOR	PHI3ICIAIN [		/
1											
- /			rth E.	look, l			2431 Maryla			ore, Mar	yland
	230. BURIAI	CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIO	NC	COUNTY	STATE
	Buris	11		lay 14	,1979	Parkv	vood	Bal	timore	Ma	ryland

74 FUNERAL DIRECTOR Ruck\*Towson Funeral Home Inc. Towson, Md.

BP\_\_\_\_\_\_ DHMH - 16 50M 1/76 (VR A 15 (4))

MIREYTEX

	* - The Cont.				
1:16	Elet (0) 1213	responden	4	Hani	
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BASE LESSON

cookeral Encl. 41 gab dalam

nok Ismon Takeral Horse Inc. Towner, 14.

## STATE OF MARYLAND FOR STATE REGISTRAR

Ruck Towson Funeral Home, Inc. 1050 York Road

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9 -	1	0	9	6	0
4	0		0	~	-	-

1250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S DIGNATURE

REOBIRAR								REG.	NO.	0	. 0	0 0	0
1 DECEASED NAME	FIRST		MIDDLE		LAST		2a. [	DATE OF DEATH	MONTH	DAY	YEAR	26 HO	JR
Lillian		V.		Mo	Cubb	in	5	5/7/79				6:4	5A M
3 SEX	4.	RACE		5 DATE	OF BIRTH	DAY YEAR	6 AC	GE (IN YEARS LAST B	RTHDAY	AONTHS	R I YEAR DAYS	HOURS	R 24 HRS
Femal	e	Wh	ite			1897		8	2 YRS		DATS	HOURS	Mille,
BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COU	VTRY? 8.	ED ON	EVER MARRIED	9 B	ALTIMORE CITY	OR COUN	TY OF DE	ATH		
Maryland			USA	WIDOW	/ED 😡	DIVORCED		Baltimor					ME
10 CITY OR TOWN OF DE	ATH II			URSING HOME	OR OTHE	R INSTITUTION		USUAL OCCUPA E OF WORK FOR MOST		LIFE) IND	KIND O USTRY	F BUSIN	ESS OR
Towson				. Charle		. 21204		Sales I	ady				
USUAL RESIDENCE (IF NU 130 STATE	136 COUNTY		130 CITY OF			SIDE CITY LIMITS	?   13e :	STREET ADDRESS					
Maryland			Balti	more	YES			25 Beech	Aven	ue			- 15
14 FATHER'S NAME	MID	DLE	LAS	ST T	15_MO	THER'S MAIDEN	NAME	MIDDLE			LAS	ī	
George R						Laura V	7.	SI AC					
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME		166 SOCIAL	SECURITY NO.	17. INF	ORMANT		ADD	RESS				
No	1 7 1 1 1		219-10	0-0019	Pi	ckersgil	1 Ho	me 615 C	hestn			MATE INTE	
3949 Canditions, if on		DUE TO, O	R AS A CON	Congest SEQUENCE OF Valve	1								
PART 2 OTHER SIC	se lost	(c)	Hypert					tic Coro					eas
190 DATE OF OPER	ATION	196 COND	ITION FOR V	VHICH OPERATION	ON WAS	PERFORMED		BAUTOPSY?	IN CERT	ES, WERE			TH?
00.0001001011010	CAUSE OF DEATH			H DAY YEAR	2	OW INJURY OCC		ENTER NATURE OF IN.			PART 2)		
(IF EITHER, NOTIFY MED  21d INJURY OCCU  WHILE NOTIFY AT WORK AT W	RRED	21e PLACE (AT HOME, STE		OFFICE, FARM, ETC.)		CATION		CITY OR TO	OWN	cou	NTY	S	TATE
22a.l certify that ( saw the decea above, (1) (we)		5/7/	79			(9, 19 n (my) ( <u>aur)</u> apin		accurred on the	date and he	., 19 aur and fr		that (I) (causes st	_
226. SIGNATURE  MAUL  224. PHYSICIAN'S N	IN y.	Foren	ran		m/)	ATTENDING PHYSICIAN	G ME	EDICAL ST	AFF ICIAN 🔼		6. DATE 5/7/	SIGNED	IVE I
Maril	yn G. F	oreman	, M.D.		GBN	IC, 6701		Charles	St. 2	1204			
23a BURIAL, CREMATION (SPECIFY)	i, Removal	23b. DATE		23c. NAME OF	CEMETER	Y OR CREMATO	RY 23	d. LOCATION CITY OR TOWN		COUNTY		\$1	ATE
Buri	al	5/9/7	79	Druid F	Ridge	Cemeter		Balti		-			
24 FUNERAL DIRECTOR	Thom		ADDR	1050 Vc	ork I	TA A B	Y R	D. BY REGISTRA	R 256 P5GI	STRAR'S	IGNATI	URE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital ar

attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furnity should be detached for use as the burial-transity permit. Then please remave carbonpapers. Pages 1 and 2 should be filled within 121 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, th

0001-01-01

attending physicion and completeliove corbanpapers. Pages 1 and 2 s

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After this certificate has

FUNERAL DIRECTOR.

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OR ATTENDING PHYSICIAN: The

TO HOSPITAL

should be detached for use as the bunal-transit per with the State Dept of Health and Mental Hygiene

morked or Item 18 sho

If Item 21 is

MPORTANT

CERTIFICATION

MEDICAL

22d. P

230 BURIAL CREMATION, REMOVAL 236, DATE

edicol

2h HOUR 1:00 Am

26. KIND OF BUSINESS OR

STATE

A			FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 79-10	970
(AA)	ω÷	X I	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR	20 1100
Tank a	ge		THELMA	A M.	MCPHAIL	MAY 12 1979	1:0
OE OE	p p		3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	
4	ectar, irs aft		Female	White	March 28, 1905	74 YRS. MONTHS DAY	rs HOURS
9	dir	e e	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
leath	in 72	at a	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUNTY	
:01	by the fu	notified	TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, St. Jospens )		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTE	of BUSINI king
AND 212	filled in	r must be	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUT Maryland Bal	rother institution give residence before NTY 13c CITY OR TOW 2120		8313 Loch Raven	Blvd.
2 2	7.5	0	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	

MIDDLE

William O'Brien Getchy Mary Ann ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Stirling Balto., Md.21212 No Peggyanne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause to, stating the LUNG underlying couse lost

FIRST

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK NOF 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (Mithis hospital) attended the deceased from saw the deceased alive on MAY 12. sow the deceased alive on MAY 12 above 1 (we) (did) (diam) view the body after death and that in 📉) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE

ATTENDING

Cobacc	PHYSICIAN DIRECTOR PHYSICIAN
HYSICIAN'S NAME (TYPE OR THE	22e ADDRESS
DAM VO, M.D.	1285 LORD BYRON LANE

Cockeysvi 1236 NAME OF CEMETERY OR CREMATORY

STAFF

MEDICAL

MIDDLE

Cremation	May14, 179	Westview	Mem. Pk.	Baltimo	re Co. Md
24 FUNERAL DIRECTOR			25a. DATE I	REC'D BY REGISTRAR	256 RESPETBARS SIGNATOR
TAT - NAME	Johnson 8521 I	SS	LMAY	1 4 1070	Liston MED
William E.	Johnson 8521 1	Joch Raven	Blvd	1 4 101 9	0

DHMH - 16 60M 1/75 (VRA 15 (4))

BP.

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ST-12-75

AMERICAN STREET, STREE The state of the s BALANTION TOORTELE Access Let live of Changes and Access . The seven ripolations are the land a postal areas for TO SHING THE ARMS SHOW AND TO PRIL 22 TO MAY 12. TO W

Chamerida 25 - 12 - 12 Contratant con Line 14 times de la la contrata de  contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de  la contrata de  la contrata del la contrata del la contrata del la co

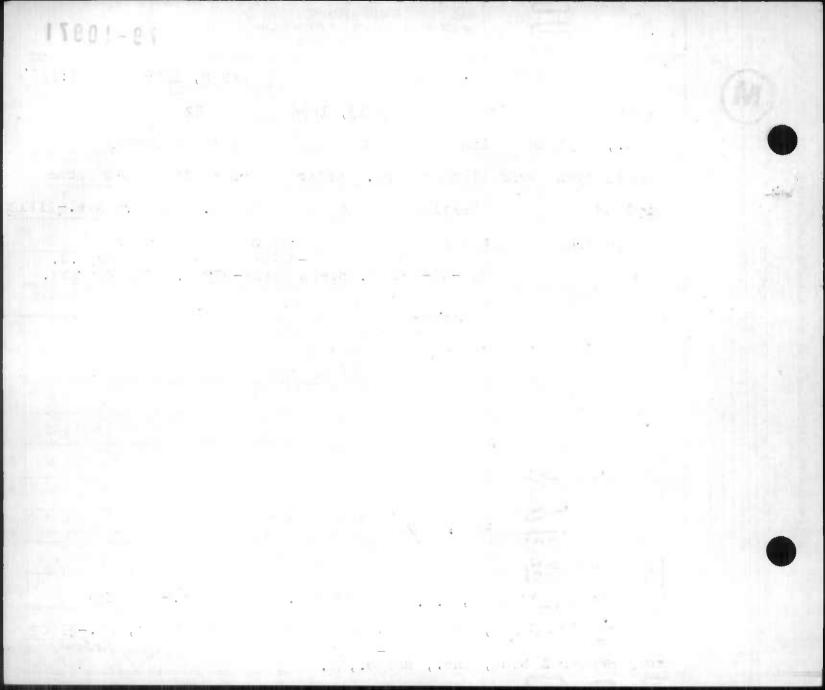
DAM VOLUME CHU THE LINE WAS LAUE CHILD

	Ĺ	FOR STATE REGISTRAR	DEPARTMENT OF E	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	UTH C. MEAR	3	May 6.	1979 1:15 P
	3 SEX	Female	White July		& AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. YRS
35	CC	RTHPLACE (STATE OR FOREIGN ALTO, Maryla	76 CITIZEN OF WHAT COUNTRY?  MARRIE WIDOW	D NEVER MARRIED	Baltimore city or	
9/	10 CT	andallstown	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  RANDALLS TOWN CON	OR OTHER INSTITUTION	12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y HOUSEW1)	IZE KIND OF BUSINESS OF
34	130. S M	LESIDENCE (# NURSING HOME OF TATE 130 COUR APYLAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN BALTIMORE	134 INSIDE CITY LIMITS? YES A NO	327 E. Be	lvedere Ave212
00	14 FA	THER'S NAME FIRST  Joseph	Walker Walker	15. MOTHER'S MAIDEN NA/	an	Smith LAST
8		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	G. Joseph Me		S Ventner, N. J. Lafayette Ave.  Lafayette Ave.  BETWEEN ONSET AND DEATH
njury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse los, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR COND	ITION GIVEN IN PART 110
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2}
	MEDICAL	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
I. If ifem 21 is mork		sow the deceased alive on	ital) attended the decensed from 19 19 01) view the body after death.	DEGREE ATTENDING _	death occurred on the dat  MEDICAL STAFF DIRECTOR PHYSICIA	e and hour and from the couses stated  22c. DATE SIGNED
Z	Н	22d PHYSICIAN'S NAME (TYPE C	Wilfson, M.D.	3502 W. H	Rogers Ave	- 21215
MPOKIANI		Daniel			AND REAL PROPERTY OF THE PARTY	

-21213 Balto., Md

DHMH-16 20M (VRA 15, 4) 7/7B

Henry Sander & Sons, Inc.,



## director, page 3 Poge 4 should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an TO FUNERAL DIRECTOR After this

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

injury, or other troumotic event, the medical

IMPORTANT: If frem 21 is marked ar frem 18 shaws any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

7	q	-	1	0	9	7	2
	. 3		- 8	V	-		-

	1 -	STATE REGISTRAR		DEFARIT	CERTIF	ICATE OF DEATH	REG. N	. 79	-109	112
		CEASED NAME FIRST GEORGE	НОМ	MIDDLE NRD		ICUS, SR.	May 29, 19		OAY YEAR	24015 P
	3. SEX		4 RACE		S. DATE C		& AGE IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
		Male	White			26, 1886	93	YRS.		
	Me Me	RTHPLACE (STATE OR FOREIGN DUNTRY)  TYLEND	U S /	WHAT COUNTRY?	MARRIE WIDOWE	DNORCED DIVORCED	Baltimore City of			MD
2		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST C ELECTRIC	F WORKING LIF		F BUSINESS OR
	13a S			GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WOODLAWN	N	134 INSIDE CITY LIMITS?	13x STREET ADDRESS 5937 John	nycak	e Roed	21207
0	I4 FA	THER'S NAME FIRST Frank	WIDOFE	Medicus	3	15. MOTHER'S MAIDEN NA FIRST Margaret			Keise	r
		VAS DECEASED EVER IN U.S. ( ES, NO ORUNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR 213-05-64		17 INFORMANT Christine Me	ADDRI Bdicus, 5931			Road MATE INTERVAL PINSET AND DEATH
	z	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, C	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	25 g	ears)
2	CERTIFICATION	190 DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	IGS USED OF DEATH?
1		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM TB, P	ART I OR PART 2)	
	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	1	211 LOCATION STREET	CITY OR TO	vn 2 <i>Q</i>	COUNTY	STATE
		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on_may	3 197	1	nd that in (my) (dor) opinion DEGREE	death occurred on the d	ate and hav		
			Kenna	ed Yat	le-	ATTENDING PHYSICIAN	MEDICAL STA		5/30	1 me 11
1		22d. PHYSICIAN'S NAME ITYP		000		22# ADDRESS				
		Dr. Kennerd	Yeffe				rest Park A	e. Ba	lto.,Md	
	23e. 8	URIAL, CREMATION, REMOV.	AL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

Burial 6/1/79 Loudon Park Cemetery
The Funeral Director 630 Edmondson Avenues Cetonsville, Md 1250 DATE
Witzke Funeral Home of Catonsville, P.A. 21228MA 250. DATE REC'D. BY REGISTRAR 250. BEST PARTS STORY 3 1 1979 requires that the death certificate be

ATTENDING PHYSICIAN: The lo

HOSPITAL 0

etained by the haspital or attending physician.

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked as Item 18 shaws any injury, or other troumatic event, the medical examiner must be notified at ance.

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of ance.

must be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10973

	REGISTRAR				CERTIF	ICATE OF DE	AIH	REG. N	0.	, ,	
	CEASED NAME	FIRST	/	MIDDLE	- 75-5-1	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPE	E OR PRINT)	Loui	se L.	MEDIC	US		-04	May 23, 1	979		12:30PM
3 SE	X	4	RACE		5. DATE (		YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
	Fem.	439-1		Cau.	4	21	16	6	3 YRS	ONINS DATA	MAN,
	IRTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUN	TRY?	NEVER M	APPIED [	9. BALTIMORE CITY C	OR COUNTY	OF DEATH	
	Md		U.S	S.A.	WIDOWE		ORCED	Baltimo	re Cou	nty	MD.
10 C	ITY OR TOWN OF DEA	TH 1		H FACILITY, GIVES		OR OTHER INSTI	TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
	Balto.				Square	Hosp.		Salesper	son	Hoch	schild
	AL RESIDENCE (IF NURS STATE	136 COUNT		13c. CITY OR		1 13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS		3.00	
	Md.	Ba 1	to.	Ba	lto.		NOX	601 Da]	e Ave	212	206
14. FA	ATHER'S NAME FIRST	M	DDLE	LAST		15. MOTHER'S	MAIDEN NAM RST	MIDDLE		LAS	ST
	Peter			Gı	cau	I	ouise			Ko	otras
	WAS DECEASED EVER	IN U.S. ARN		166 SOCIAL	SECURITY NO.	17 INFORMAN	IT	ADDR	ESS	9 200	
	no			215-0	9-0645	Mr.	Lawre	nce J. Me	edicus	601	Dale Ave
	IL CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b	), ond (c						ONSET AND DEATH
	PART I. DEATH W	AS CAUSED IMMEDIATE		Massive	intrac	ranial	nemmorh	age with			
	1121-			PAS A CONS	FOLIENCE OF	cerebel	lar hon	niation		1	
	Conditions, if ony,	which	(b)	K A 3 A CO143	LOCUTE OF	cereber	iai nei	111001011			
	gove rise to imm	nediote	DUE TO O	DAS A CONS	EQUENCE OF						
	underlying couse		100000	K AS A CONS	EQUENCE OF						
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART 1	01
Z O	27 15 11										
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	206. IF YES,	WERE FINDING	NGS USED
I H								YES NO		X	NO [
SE SE	210. ACCIDENT WAS UND		216. TIME O		S. WEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	
	OR CONTRIBUTING		HOUR A.		DAY YEAR						
MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		21f. LOCATIO	٧				
X	WHILE NOT WE	RK -	(AT HOME, STE	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	22a I certify that it	(this hospite	t) ottended th	e deceosed fr	om Mav	21	, 19 79	_, to May 2	31	9 79	that (K(we) last
	sow the decease		May a	23		nd that in (r)(v) (		eoth occurred on the d		and from the	couses stated
	226. SIGNATURE	101	A A	otter deoth.		DEGREE				22c. DATE	SIGNED
	1111	11	Ver	20/	6		TENDING HYSICIAN	DIRECTOR PHYSIC		5/2	3/75
	22d. PHYSICIAN'S WA	AME (TOPE OR	PRINT)	1		22e. ADDRESS		J		1-16	
	Andre	w Klir	per M			9	000 Fra	nklin Squa	re Dri	ve	
23a I	BURIAL, CREMATION.		23b. DATE		23c. NAME OF C	EMETERY OR CI		23d LOCATION			
(	(SPECIFY) Buri			6-79		ens of		Balto		Balt	co. Md.
24. F	UNERAL DIRECTOR		3 2			O.T	250. Day 6				
	NAME			ADDRES	5			41251919	Joseph	7,,,,	- Jane

6415 Belair Rd

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

John C. Miller Inc

## FOR

must be n

injury, ar other troumotic event, the medical exam

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	 1	0	9	7	4
	-		-	-		

Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	13-10	) ( ]
	ECEASED NAME FIRST	MIDDLE	ι	AST	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR
(17	PE OR PRINT) SONIA		MENDEL	SON	MAY 12, 19	979	4:30 A.
3. S		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
	FEMALE	WHITE	MO'A'	PRIL <sup>DA</sup> 15, 1893	86	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? B	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
1	RUSSIA	USA.		DIXX DIVORCED	BALTIMORE	COUNTY	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	AL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND O	BUSINESS OR
	BALTIMORE		ARSUE DR.	APT. T1	HOUSEWIFE	AT	HOME
US	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		DENCE BEFORE ADMISSION) Y OR TOWN	t 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	#	21215
8	MARYLAND BAL		LTIMORE	YES NO Y	6960 MARSUE		T-1
14.	FATHER'S NAME		,	15. MOTHER'S MAIDEN NA	ME		•
4		A CAT	TIZIN	RUKEL	UNKNO	LAST TATNI	
160	ZELIG WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.				-
1		E WAR OR DATES)		MRS	. FAYE DÛHÂMEI		
	NOI	218	-54-2813J1	6960 MARSUE	DR., APT. T-1	#21215	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		(o), (b), and (c)	4		BETWEEN C	MATE INTERVAL
		TE CAUSE (o)	Carelo	- Tul money	auren	nu	intes
	4-295	DUE TO OP AS A C	ONSEQUENCE OF	la a b			
	Conditions, if ony, which	( )	artante	salanovie C	ardio-Vas. X	listend	
	gave rise to immediate cause (a), stating the	(6)					
1	underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT	(c)	ITING TO DEATH BUT	NOT BELATED TO THE TERM	THE DISEASE OF CONDITION	ALCOVENIA DADE 3/-	
Z		CONDITIONS CONTRIBE	JING TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR COMDING	NO OIVEN NO PART TIO	Sessible.
CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDIN	GS USED
5					IN.	CERTIFYING CAUSES	OF DEATH?
1 5	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	N/	Tar. HOW BLUEN OCCUP	YES NO	YES	NO 🗆
			ONTH DAY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	IEM 18, PART 1 OR PART 2]	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	ORY OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY	STATE
1 2	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTO	ORT, OFFICE, FARM, ETC.)				JIA16
	22a.1 certify that M (this hosp	ital attended the decea	sed from aug	ust 19.57	10 May 12	1979	hot (I) (we) lost
	aw the decepted olive or	march!	7 1979 01	that in (my) (aur) apinion	death occurred on the date or		
	22b. SNATURE	view the body ofter de		ØEGREE	-	22c DATE	SIGNED
		X. \	1 . 1		MEDICAL STAFF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	James	a but as	N race		MEDICAL STAFF DIRECTOR PHYSICIAN	0 5-	10 -0
-			*	22e ADDRESS			12-79
	22d. PHYSICIAN'S NAME (TYPE C			THE ADDRESS	1 H. IT	2 - Band	12-79
	SAMUEL V. T		./	7211/10	bul Heights (	we Balto	12-79 Jud, 21208
230	SAMUEL V. T	OMPAKOY MD		EMETERY OR CREMATORY	Wil Hughts (	1	
230	SAMUEL V. T	OMPAKOY MD	23¢ NAME OF C	TO II	-	WE Balto.	(2-79 Jud 2128 5"MD

6010 REISTERSTOWN RD., BALTO., MD 21215

MAY 1 8 1979

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages I and 2 should be filled within 72 hours office with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

WHORTANT: If them 21 is marked or Item 18 shows any injury, an other traumatic event, the medical examiner must be notified at once. TO HOSPITAL BP.

ottending physicion.

ATTENDING

DHMH - 16 50M 7/77 (VR A 15 (4))

17001-04

	8	0
TO HOSP	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after dense 4 may be retained by the hospital or ottending physician.	
TO FUNE	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the control of the build transit permit. Then please remove corbon papers. Pages I and 2 should be filed the control of the build be build the build the build the build the build be build the build be build the	
MPORTA	with the State Dept. or recoiln and Mental Hygiene prior to burlo), cremathon, or removal. [MPORTANI: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	35 36 36 37	3

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10975

	1 -	STATE REGISTRAR	DEFAR	CERTIF	ICATE OF DEATH	REG. NO	-10975		
		OR PRINT)	THERINE R.	HAKA)	WALA/4/	20 DATE OF DEATH MONTH DAY	79 1-31 M		
1	3. SEX		4 RACE White	5 DATE C			UNDER I YEAR IF UNDER 24 HRS		
		Female	12/	12	37 33	5 5 YRS	THIS DATE HOURS MILE		
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  Bryland	USA	Y? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore Country			
5	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Baltimore Count	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]  Retired	126 KIND OF BUSINESS OR INDUSTRY Soc. Sec. Admin		
5	130_S Ma	aryland Balt	OTHER INSTITUTION GIVE RESIDENCE BEF VTY 136 CITY OR TO IMORE WOODLE	WN	YES NO KX	136 STREET ADDRESS 5428 Dogwood Ros			
C	U	Villiem	Crother		15 MOTHER'S MAIDEN NAI FIRST Rose	MIDDLE	essler		
9			E WAR OR DATES)		17 INFORMANT	ADDRESS			
ı		no	<b>2</b> 18–16–2	297	Mr. Richard	W. Herklotz, 5428	Dogwood Rd.		
	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECT (b) 20 50 (C) AS CUTE CONDITIONS CONTRIBUTING TO CUTE CONTRIBUTIONS CONTRIBUTIONS TO CUTE CONTRIBUTIONS CONTRIBUTIONS TO CUTE CONTRIBUTIONS TO CONTRIBUTIONS T	DUENCE OF DUENCE OF DO DEATH BUT	I you's 8 Mrs.  LM Mary 0 -1  NOT RELATED TO THE TERM  H Y.	edem Cacut	IN PART 1(0		
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WILL		VERE FINDINGS USED NG CAUSES OF DEATH?				
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	HILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN						
		220.1 certify that (I) (this hospital) attended the deceased from 5 - 9 - , 19 7 9 , to 5 - 3 - , 19 7 9 , that (I) (we) I sow the deceased alive on 5 - 3 1 - , 19 7 9 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
	n i	22b. SIGNATURE	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED					
1		22d. PHYSICIAN'S NAME ITYPE O	011-		22e ADDRESS	C = 1 - C	1 1 1 0		
		1 R. D	n. SHAH.		Baltimire		at Hospital		
	230 B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN			
	24 51	Burial	6/2/79 L	ekevie	w Cemetery	Sykesvilla Car			
	Wi	tzke Funeral Ho	dmondson Avers	Caton:	A. 21228 MAY	3 1 1979	Medicaly		

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TO HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pageretained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled within 72 haurs ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IAADODIANI. If hem 31 is marked on them 18 show may instruct or other trainmate event the medical extensions the modified of once.

ermust be notified at once.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical

## STATE OF MARYLAND

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I	1 -	STATE STATE		DEPART		ICATE OF DEATH		19-	1091	0
-	DEC	REGISTRAR  CEASED NAME FIRST		MIDDLE		ASI	REG. No.	O. MONTH DAY	Y YEAR	2b HOUR
I		OR PRINT)	na V. Me	ushaw			I DAIL OF BEATT	M 73	1070	
ŀ	3 SEX		A RACE	LUST (LUD	5. DATE C	OF BIRTH	6 AGE LIN YEARS LAST BIRT	May /	UNDER I YEAR	IF UNDER 24 HRS
ľ		lemale.	white				69		NTHS DAYS	HOURS MIN
ŀ		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY			9. BALTIMORE CITY O	R COUNTY O	F DEATH	
8		Viroinia	11	SA	MARRIE	DI NEVER MARRIED	Baltimore			· =
+	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATI	ON	126. KIND O	MD.  F BUSINESS OR
		Relay	(IF NOT IN SUC	S. ROLL	ina Re	pad	rousewile		Own.	home.
	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY		GIVE RESIDENCE BEFO	VN .	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	Rolling	Pond	
+		THER'S NAME	CONOTE	necus	6	15 MOTHER'S MAIDEN NAM		(OLLLING	Nouge	
			MIDDLE	rumaker		FIRST	AIDDLE		LAS	Ŧ
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	- 33/10	
L		no	E WAR OR DATES	216-01-	20380	Douglas Meus	haw 5521 1	Highria	lge St	reet
ľ		18 CAUSE OF DEATH Enter or	nly one couse per	Juge 10/101, 1/20	nd (CS)	(0)			BETWEEN	MATE INTERVAL
1		PART I. DEATH WAS CAUSE	23	Typ.						
ı	33/4 DUE TO, OR ASSECULAÇÃO O O O O O O O O O O O O O O O O O O									
1		Conditions, if ony, which gove rise to immediate								yes.
ı		couse (o), stoting the underlying couse lost.							- 100	
1		underlying couse lost.								
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									01
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200. AUTOPSY? 206. IF YES, WERE FIN			
2	IFIC							YES NOW YES		
1	CER	210 ACCIDENT WAS UNDERLYING			V= 1.0	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
	AL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	~	M. MONTH [	DAY YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOV	175.1	COUNTY	STATE
1	*	AT WORK AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE,	FARM, ETC.	Jineer	CHICKTON	1	000111	31416
I		220.1 certify that (1) (this hasp	ital) attended th	e deceased from	17	auch 1952		7	79.	that (I) (we) lost
		sow the deceased alive on obove (1) (we) (did) (did no	at) view the body	ofter death.	79.01	nd that it (my) (our) apinion o	death occurred on the de	ate and hour o	and from the	couses stoted
1		obove (1) we (did) (did not) view the body ofter death.  1726. SIGNATURE  122c. DATE SIGNED								
		June 6 / Kees May 7, 1979								
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS				
1		1.(1)	HEAL	- X			is Avenue	30-11		
1		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	0 9	DUNTY	STATE
-	04.7	burial	May &	3, 1979	Lorra		Woodlaw		timore	
		INERAL DIRECTOR	,,	ADDRESS		250. DATE	REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIONAT	URE
1	Am	brose Funeral	Home /	328 Sulph	un Sp.	ring Rd. MAY	0 13/3	broke	ayrrow .	many .

Ambrose Funeral Home 1328 Sulphur Spring Rd.

DHMH - 16 50M 7/77 (VR A 15 (4))

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	c'anno			Janale 1
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Page

within 24 haurs

death

ATTENDING PHYSICIAN The law or attending physician. ned by the attending physician and campletely filled in by the funeral director, page 3 please remave carbon papers. Pages 1 and 2 should be filed within 72 hours after death

must be notified at ance.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE REGISTRAR I. DECEASED NAME

MIDDLE

STATE	OF MARY	LAND	
EPARTMENT OF HI	EALTH AND		HYGIENE
CERTITI	CAILOI	DEATH	

reg. 7.9 -	10	97	7					
TE OF DEATH MONTH	DAY	YEAR	2h HOL	JR.				
	5	79	5.2	SAX				
(IN YEARS LAST BIRTHDAY)	_	RIYEAR	IF UNDER	24 HR5				
62 YRS.	IMON1HS	DAYS	HOURS	MIN				
ALTIMORE CITY OR COUNTY			74	MD.				
UAL OCCUPATION FWORK FOR MOST OF WORKING LI	FE) IND	USTRY	F BUSINI					
REET ADDRESS HILL Apartments								
WIDDIE			26	_				
	0101 KF1			enive				
P.	- 6	APPROXI ETWEEN C	MATE INTE	DEATH				

3. SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	1 3.25 41									
A A A A MONITH DAY VEAD	IF UNDER 1 YEAR IF UNDER 24 HRS									
tomale PHICASIAN MAR =2 1917 12	MONTHS DAYS HOURS MIN									
76. BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8										
DENNSYLVANIA U.S. A. MARRIED NEVER MARRIED DIVORCED BALTIMOR	E COUNTY MD.									
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR									
CATONSVILLE SPRING GROUE STATE HOSP HOUSEWIFE	INDUSTRY DONESTIC									
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STREET ADDRESS 130. ST	1111 1 1									
Md Howard LAURAL YES NO X PINNEIN !	tell Apartments									
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST									
Andrew J. Lochbaum EFFIE	WETZEL									
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	180 Johnson Drive									
NO 179-20-70N MRS Linda Shields	LAKE HENTERE ROL									
18 CAUSE OF DEATH Enter only one cause per lige for (a), (b), and (g)	BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congression Weart Facilities										
DUE TO, OR AS A CONSEQUENCE OF	4280									
Conditions, if any, which ( (b)										
gove rise to immediate cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF										
underlying cause last.										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)									
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IN CI										
4 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206.1	F YES, WERE FINDINGS USED									
YES TO NOT IN CI	ERTIFYING CAUSES OF DEATH? YES \( \backsigma \) NO \( \backsigma \)									
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	M IB, PART I OR PART 2)									
OR CONTRACTOR OF OF OFFICE HOUR A.M. MONTH DAY YEAR										
TOTAL CONTRIBUTING   CAUSE OF DEATH   P.M.   19										
AT WORK	COUNTY STATE									
22a I certify that (I) (this hospital) attended the deceased from Feb. 21 19 79 to May 15 saw the deceased olive an May 15 19 and that in (my) (**) point death occurred on the date and	19 79 , that (I) (X) last									
saw the deceased olive on May 15 19 79 and that in (my) (34) apprior death occurred on the date and										
and that in (my) (mx) opinion death occurred on the date one										
saw the deceased alive on 112 19 and that in (my) (30) apinion death occurred on the date and 11 (we (did) 124 (2) view the body after death.  DEGREE	22c. DATE SIGNED									
DEGREE ATTENDING MEDICAL STAFF	T 17 70									
The signature of the body after death.  DEGREE	T 37 70									

BP DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital TO HOSPITAL

23a. BURIAL, CREMATION, REMOVAL 24' FUNERAL DIRECTOR Feneral Home, Hampstead. Wed.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION
CITYORTOWN

MCKNIGHTS TOWN HOLDING 2

MAY 21 1979 Links Medistrar 256 DEGISTRAR'S SIGNATURE

18-10977		
26 2 75 27 75 12 12 12 12 12 12 12 12 12 12 12 12 12	MICHER	V BIRBS
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	q	-	1	n	9	7	
REG. NO	-	J		1	U	0		

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	19-10310				
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR				
fire	CARL	W.	MIELKE	05	24 79 5:55P <sub>M</sub>				
3. SE>	(	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA					
	Male	White	May 19,1923	56	MONTHS DAYS HOURS MIN				
7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR C					
N	aryland	U.S.	WIDOWED DIVORCED	TOWSON	MD.				
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS) GBMC	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
BA	LTIMORE	6701 N. CHAF	RLES STREET	Salesman	Marine Prod.				
13a S	TATE 136 COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFORE  130 CITY OR TO  Pasade	WN 13d. INSIDE CITY LIMITS?	8575 Main	Ave. (21122)				
14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME					
	Charles	W. Mielke	Tillie	WIDDLE	Schaar				
	AS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS					
(4	Yes, no or unknown) (IF YES, GIVE	V.W.II 217 1	2 7936 Virginia	Mielke (sar					
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQ	LTION UENCE OF INOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO					
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M., MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)				
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUN								
	22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no		79, and that in (my) (bur) opinio	n death occurred on the date of	nnd hour and from the causes stated				
	22b. SIGNATURE	neve	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5/24/79				
	22d. PHYSICIAN'S NAME (TYPE OF		27e ADDRESS		1//				
	DR. L. ALBU	JERNE	GREATER	BALTIMORE ME	EDICAL CENTER				

BP.

etained by the hospital or

TO HOSPITAL OR ATTENDING PHYSICIAN. The

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove conwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, morked or Item 18 shows

MPORTANT: If Hem 21 is

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

Gonce, 4001 Ritchie Hg., Baltimore MAY 3 1 1979 Cremation
24 FUNERAL DIRECTOR

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Author Services

ALTERNATION OF THE STREET

ASSESS OF THE PROPERTY OF THE

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A CONTRACTOR OF THE CONTRACTOR

## TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLE AE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTLY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILL TO KINERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOLISS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STRIFF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

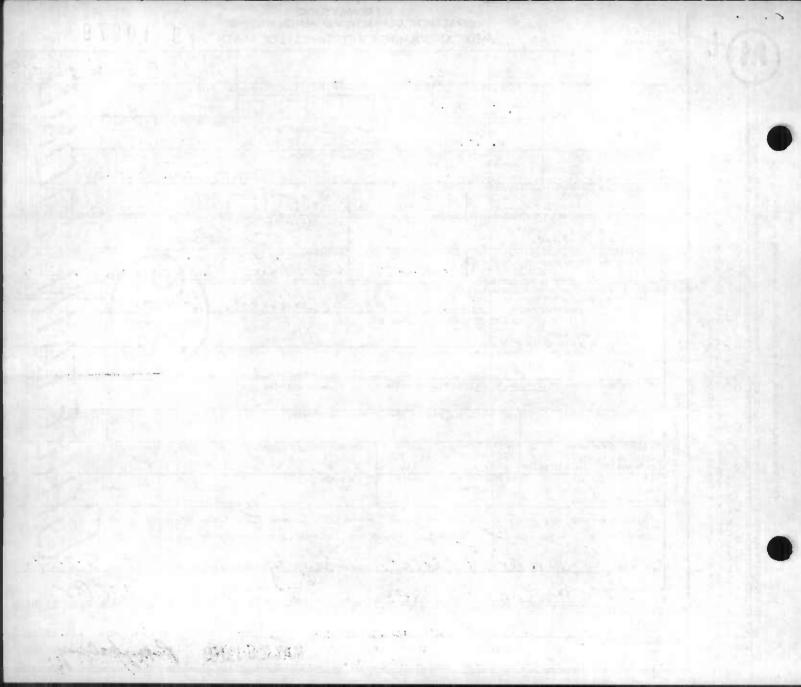
BP\_\_\_\_\_ DHMH - 17 (VR A15 ME (5)) 30M 7/73 FOR STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7 9 - 1 0 9 7 9

		CEASED NAME FIRST		MIDDLE		LAST			2a. DATE K	NOWN C	W MONTH	DAY YEAR	26 HOUR
		Gladys		Elizabeth		Mill.	er		DEATH	MATED [	] 2 -	20 19 17	SPM
- 9	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD			IF UNDER	R 24 HRS.	2c. DATE	CED	MONTH	DAY YEAR	2d. HOUR
		emale White	Nov. 22		RS.	TAIS	HOURS	MIN.	DEAD		5 -	26 1979	7 M
já	FO	RTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED X NE	VER MARE	RIED 🗌	9. BALTIMO	DRE CITY O	R COUNT	TY OF DEATH	
0		laryland	U.S.		WIDOW		DIVOR					County	MD.
		TY OR TOWN OF DEATH		PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITU	TION	FOR	MOST OF WORK	ING LIFE)		126 KIND OF B OR INDUS	USINESS TRY
0		kesville	4621	0 Old Cou	rt R	oad		For	ner Sc	hool	Teach	ier	
5	13a. S			130. CITY OR TOWN PIKES		13d. INSIDE O	ITY LIMITS?		20 O		nirt	Poad	
		ATHER'S NAME					ER'S MAID			Lu_cc	/UI C		
0	911	**David Leiste	2º	LAST		-	FIRST		Mathi	as		LAST	
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFOR	MAMY.	Bern	nard H	ADM S	ler		
			none	215-42-967	70	4620	Old	Cour	t Rd.	Pikes	ville	e, Mã. 2	21208
		18 CAUSE OF DEATH (Enter on	ly ane cause per line	far (g), (b), and (c).)	Λ	,	, /		0 1	1.	7,711	APPROXIMA BETWEEN ONS	
		PART I DEATH WAS CAUSE	TE CAUSE (a)	yleriss c	Rea	Tic	Ves	all	Car la	1200	re		
		4409	DUE TO, OR	AS A CONSEQUENCE	OF								
		Conditions, if any, which gave rise to immediate (b) (b)											
		cause (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF								- 0			
	м		(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERA	AINAL DISEASI	OR CONDITIO	N GIVEN IN P	ART 1 (a).					
	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	Tigh CONDIT	ION FOR WHICH OPER	PATION W	AS DEDECO	PAAED2		-5-1			20. AUTOPS)	(2)
G	FICA	INC. DATE OF OFERANOR	176. CONDII	ON FOR WHICH OPER	KATION W	AS PERFOR	MED!						
-	ERTI	21a EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21r HC	OW IN HIRY	OCCUPPI	ED LENTER	NATURE OF INJU	BY IN ITEM 18 I	PART LOR PA	YES D	NO []
3	N C	UNDERLYING OR	HOUR A.M.	MONTH DAY YEA	R	544 11430K1	OCCORR	ED (CIVICA)	IVATORE OF 1190	AL IN TIEM TO	ART TOR FA	n1 2)	
	DIC.	CONTRIBUTING CAUSE OF I		FINJURY (ATHOME,	211 100	CATION							
	ME	WHILE NOT WHILE DAT WORK		ORY, FARM, ETC.)		TREET			CITY OR TOW	N	COI	UNTY	STATE
			(3)	2 1 1 1 1 1						72			
		22a. I certify that I taak charg			Autop:	/	Inspection		Inquiry		d in my ap	Hnian	
		death resulted from: Natur	rol couses 4.	Accident [ , St	licide	, Hami		Under	ermined mar	nner,			
		ACTUAL SIGNATURE	redo 1	- eleex		.D. A	PECIFY)	ZMED	ICAL EXAMI	NER	DATE	5-20	-79
2		EXAMINER'S NAME		FIRAL		U	-1		0 14			IN DIL	
		(TYPE OR PRINT)	RADO	EERRER		ADDRESS_		50	Ball	mm	· N	(P. Pik	P
		URIAL, CREMATION, REMOVAL 2 BUTTAL		23c. NAME OF CE					OR TOWN	7 ~	COU		STATE
			May 30, 75	Hampste	ad Ce	cfor	OSO DATO		mpsteau (REGISTRAD		rroll	Md.	
	07	UNERAL DIRECTOR Lorin	19 DYELS	dallstown			MAY	291	979	Ju.	4-1/	Kebrerdy	,
	0/	za Liberty Ko	ad Kand	lalistown	. Ma	. 4	LT33	-	010			/	



## FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3 SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR White 80 temale 25 98 10 Ja. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bal timore WIDOWED X Baltimbre 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOS! OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRES Mery bas NO V 1349 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE MMA **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT SOCIAL SECURITY NO (YES, NO OR UNKNOWN) [ (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per Tine for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Cardiovascular Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 bu CERTIFICATION 0 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? br uriol-transit p NOV certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ond Me 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from hospitol DIRECTOR sow the deceased alive on, ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body after death TO FUNERAL DIRECT should be detoched for with the Stote Dept. 226. SIGN AT URE DEGREE

BP. DHMH - 16 50M 7/77

DING

(VR A 15 (4))

MPORTANT

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23b. DATE

ADDRESS

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

STATE OF MARYLAND

23d. LOCATION ITY OR TOWN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

NO T

STATE

that (1) (we) last

26 HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

DHHTI

INDUSTRY

DAYS

250. DAMAGO BERREO STATE TO THE PROPERTY AND

STAFF

22c. DATE SIGNED

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

received the contract of the c

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

301 M. PKESTON SI	KEEL, BALLIMOKE, MAKTL	AND 21241	1	0	(
ERTIFICATE OF	DEATH	19-		U	0

81

1. DECEASED-NAME	First		Middle		Lost		2a. [	DATE OF DE				2b. HOL	IR <sub>O</sub>
(Type or print)	Hern	nan	Adolph	Mi	ller			May	Month	1200	1979ear	8:50	M
3. SEX		4. RACE			5. DATE OF E	IRTH		6.	. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 I	HRS.
male		whit	te		April	14,19	010	16	. AGE (In last birtho	day) YRS.	MONTHS DAYS	HOURS	MIN
7o. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WI		8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF DE	HTA				
country) Mary]	land	U.S.A.		WIDOWED		RCED		Balt:	imore	e Cou	nty		Md.
10. CITY OR TOWN OF	DEATH	11. N	AME OF HOSPITAL OR IN			12o. USU	UAL OCCU	JPATION (K	ind of wo	ork done	12b. KIND O	F BUSINESS OR	
Catonsv				rederic	k Rd.	donnigh	lye"I	ept life	, even ii	remed.j	W.J.I	Dickey	
13a. USUAL RESIDENCE	(Where decease	ed lived, if institut	ian: Residence before	13c. CITY OR 1	NWO	13d. INSIDE CITY		13e. STREE	T AND NU	MBER			
odmission) STATE	ryland	13b. COUNTE	altimore	Catons	ville	YES   I	NO F	2"	716 F	rede	rick Ro	oad	
14. FATHER'S NAME	First	Middle	Last	15.	MOTHER'S N	AIDEN NAME	First			Middle		Last	
Archiba	ild		Miller		Anna						Shipsky	7	
16a. WAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT	2	716	Frede	erick				
Yes, na, or unknawi	(If yes give w	rar or dates of service)	212 05 59	31 Dai	sy Mi						and 212	28	
18. CAUSE OF D	EATH (Enter on	ly one couse per li	ne for (o), (b), and (c)					37.0			APPROX	IMATE INTERVAL ONSET AND DEATH	_
PART I. DEA	TILL MILAC CALLERY	DV	M. Y.	stati	, /	-450	Nis	om	a		1 7	- JAA	
162	9 IMMEDIA	ATE CAUSE (a)									1	4 - 7	
Conditions, if an	v which gove y		AS A CONSEQUENCE OF			1.	und	m -			1 9	5 N	1.
rise to immedia	ite cause (o), (		AS A CONSEQUENCE OF				01 11 0			2	,		-
stoting the und	erlying couse		AS A CONSEQUENCE OF										
_	CONTRACTOR CON	(c)	TING TO DEATH BUT A	IOT DELATED TO	THE TERMIN	N DIFFACE OF	CONDITIO	ON COUTN O	L DART 1/	`			
PART 2. OTHER :	SIGNIFICANT CO	IDITIONS CONTRIBU	TING TO DEATH BUT N	IOT KELATED TO	THE TERMINA	AL DISEASE OK	CCONDITIC	ON GIVEN IF	Y PART I(	5)			
N DIVERSE	DATION TIO	COURTING FOR 1911	008	7	100 1117	2200		Laor Is we	e Webe F	INDIN OC. C	Auglachen in	CERTIFICAL O	
190. DATE OF OPE	KATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PI	TREURMED	20o. AUT			CAUSES OF		INDINGS C	ONSIDERED IN (	ERTIFYING	
RTI					YES	, .	_						
		ETO: IIIIE O	F INJURY Manth Day Year		W INJURY O	CURRED (Ent	ter noture	af injury i	n Part 1 c	or Port 2, I	Item 18.)		
(If either, natify	medical exami	ner) P.M.	1	9								2123	
ZIG. INJUNT OCC	URRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOC	ATION Stre	et ar R.F.D. N	0.	City ar	Town	- 22	County	Stote	1
While Nat wat wark at w	ork					3-5							
22a. I certify	that (1) (th	is hospitol) otto	ended the deceas	ed_fram	10-1	2, 19_	57.	ta	5 - 12	, 19_	79_, tho	(we)	lost
saw the	deceased o	live an 5	did not view the	19.79, and	thot in (n	y) (our) of	pinian d	leath acc	urred o	n the do	ote ond hour	and from	the
22b. SIGNATURE	TOTE O COUVE	(we) (ala)	did no) view the	body after a	earn.					1 00	DATE CLONED		
22b. SIGNATURE	1/+	1-14	lu	20020	ATTEND		MED.		TAFF _		DATE SIGNED		
22d. PHYSICIAN'S	- July	V. Impo	-6	DEGRE	PHYS.		DIRECTOR		PHYS. L		-14-7	3	
NAME (Type	1	om 37 III	The arms a	1 D			Toh	na T	220	T 1	licot	+ 01+	77
			horpe, M			DL.							Y
230. BURIAL, CREMATI REMOVAL (Specif	ON, 23b.	16/79		CEMETERY OR C		,		LOCATION			(County)	(State)	
- 012 25002	1	10/19	prest I	awn Men	l. Gar		Mar	riott	svil	le.H	oward, N	aryla	d
24. FUNERAL DIRECTO SLACK Fune	ral Ho	me.Ellic	ADDRESS	arvland	270/	2So. REC'D		1 R 1		GISTRARS	SIGNATURE	00.	1
January I dill	7200	المستساو ت	OTO OTON DI	and a month	~	TDATE	WILLY	IXI	41/4	M	17-1-4 / PC	Willed!	1.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4—and shauld be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 hours of terdeath VR A15 (4) 30M REV. 1/68

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

to the first contract and a true of a property of the Breatte of the State City, London Street of

within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lovertoined by the hospital or attending physician.

iner must be notified at once.

nedicol exomir

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the

# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0	 1	0	9	8	2	
1	J	ı	U	0	0	5-0	

ı	1.	REGISTRAR ]	CC 14	952 031		CERTIF	ICATE OF DEATH		REG. NO.	J		
ı		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DE		DAY	YEAR	26 HOUR
I	(TYPE	OR PRINT)	COB	ARTH	TTR	MIL	CER	MAY 5.	1979			10:55am
Ì	3. SEX			4 RACE	-	5 DATE C		6. AGE (IN YEARS	LAST BIRTHDAY		R 1 YEAR DAYS	IF UNDER 24 HRS
ı		MALE		WHIT	Œ	JUI	NE 1, 1919	59	YR:	MONTHS	DAYS	HOURS MIN
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN	ITY OF DE	ATH	
Ó		MARYLAND		U.S	S.A.	WIDOWE	D DIVORCED		MORE CO			MD.
	10 CI	TY OR TOWN OF DEA	ATH		HÖSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC	R MOST OF WORKIN	GLIFE) IND		F BUSINESS OR
ŝ	_	RT HOWARD	PV E		EDICAL CE		FT. HOWARD,	ND.Stor	e Keep	er s	elf	-employe
5	13a. S	AL RESIDENCE (IF NURSITATE	136 COUN	ROTHER INSTITUTION NTY TIMORE	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Carney		136 INSIDE CITY LIMITS?	13e STREET ADI	DRESS LARFORD	ROAD		
Ē	_	THER'S NAME			LAST		15. MOTHER'S MAIDEN NA		AIDDLE	- 1	LAS	
ž		FREDERI		MIDDLE	MILLER		MINNIE		NIDOLE			LMAN
i	16a W	VAS DECEASED EVER		E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
	(1	YES		WII	216 05	8248	V.A.M.C., FO	RT HOWAR	D, MARY			
		18 CAUSE OF DEAT	H (Enter or	nly one cause per	line for (a), (b), and	d (c					APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE	TE CAUSE (0)	CARCIN	OMA O	F LUNG					
d		1629			R AS A CONSEQUE	NCE OF						
		Conditions, if any	, which	(b)								
		gove rise to imi		DUETO	R AS A CONSEQUE	NCE OF		F E - 1 3				
		underlying cause		DUE 10, 0	R AS A CONSEQUE	INCE OF						
ij		PART 2 OTHER SIGI	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE C	RCONDITION	GIVEN IN	PART 16	0)
	NO											
3	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		RTIFYING		NGS USED OF DEATH?
ě	TIF							YES N	10 🔀	YES 🗌		NO 🗆
ì	CER	21a ACCIDENT WAS UN	_	- 110110 4	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR	PART 21	
	AL	OR CONTRIBUTING		~1111	.M.	19						
	MEDICAL	216 INJURY OCCUR	RED		OF INJURY REET, FACTORY, OFFICE, F	ARM FTC 1	211 LOCATION STREET	C	ITY OR TOWN	COL	UNTY	STATE
	Z	WHILE NOT W	ORK	(A) HOME, 5)	RECI, CACIONI, OFFICE, C	man, cre.				1300		
		220 I certify that (	this hosp	ital) attended th	ne deceosed from_			, to	/5			that (## (we) last
		saw the deceas	ed olive or	of view the bady	after death.	19 . 0	nd that in ( <del>my)</del> (our) opinion	death occurred	on the date and	hour and f	rom the	couses stated
		776 SIGNATURE	HIE	2 4			DEGREE			27	t. DATE	SIGNED
		France	Mu	K-7	Montre	mT	) ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		5/5	/79
		ZZE PHYSICIANISM	AME ITHE	DB PERVIT			22e ADDRESS			1	- 1)	
-		BENJAMI	NK.	YORKOFF	. M.D.		V.A. MEDICAL	L CENTER,	, FORT F	HOWARI	D, M	ARYLAND
		BURIAL, CREMATION,				NAME OF C	CEMETERY OR CREMATORY	23d LOCATE		COUNT		STATE
		urial		5/8/	79 Pa	arkwo	od Cememte:	ry Park	ville			ore Md.
	_	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REC	SISTRAR 256 REC	SISTRAR'S	SIGNAT	TUBE Streetly
	L	assahn F	uner	al Home		Bela	ir Road	NAY 9 1	9/9	7	1	7

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Lassahn Funeral Home

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 7.2 he with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

HEO SELECTION OF

			THE PERSON NAMED IN	
10:05	844 6, 1919	A fact		BOOAL
	( <u>`</u>	2101	B TWEN	
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			Accesso mount	S I SHE MILE
		STREET		
	ON HOWING, MARCOAN	or Bas	6 20 are I II IW	The same
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EN16/5	Σ.			
	THOSE SHOW THE HONE	LOTAL A.V.	10,2000, 10,000	
	all a livarent en			
	See and the second			

1 -	FOR STATE REGISTRA
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	1	0	9	8	3
---	---	---	---	---	---	---	---

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o. 1 J	100	, 0 0
		CEASED NAME Natha	niel E. MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(1116		NEEL MITCHELL			MAR MAY 2	24. 19	79	7:750
	3. SE	X	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 74 HRS
		Male	White	Feb		81	VPS	NIHS DAYS	HOURS MIN
10/2		RTHPLACE (STATE OR FOREIGN QUINTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	CO.
1/5	1	irginia	USA	WIDOWE		BAI	TIMOR	E XXX	
8	10 CI	TOWSON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET St. Joseph		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND O INDUSTRY	PF BUSINESS OR
ed to	JUSU.	AL RESIDENCE (IF NURSING NOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		A 124 INICIDE CITY I IANITCO	13e. STREET ADDRESS			
25		d.	Baltimo		136 INSIDE CITY LIMITS?	2605 St	cathmor	e Aver	nue
nine	14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	
e x o	ior	Nathaniel	Mitchell		Molly	MIDDLE	Win	ston	
Ico	16a. V	WAS DECEASED EVER IN U.S. AR			17. INFORMANT	ADDRE	SS		Ties.
e E	,	no	217-01-2	2988	Mr. Edward J.	Mitchell	831 Ki	ngstor	Rd.
the the		18 CAUSE OF DEATH (Enter on	ally one cause per line for (a), (b), or D BY:	nd (c	- CARDIAC F	AILURE		BETWEEN	MATE INTERVAL
ven			E CAUSE (0) CARDIAC	FA	ILURE				
office		1541	DUE TO, OR AS A CONSEOU	ENCE OF	EXTENSIVE C	ARCINAMA			
30		Conditions, if any, which		ISIVE	EARCING		ECTU		
er fro		gave rise to immediate couse (D), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	IFFUSE ABDO	MINAL MET	ASTAS:	S	
oth		underlying couse lost	DIFF	USE	ABDOMIN	AL MET	ASTA	\$15	
, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	01
n n	CERTIFICATION								
ou G	CA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIT		
Now /	RTIF	THE REAL PROPERTY.	H BURNEY WARRING		distinct his	YES NO	YES (		NO 🗆
18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE PARTY OF	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2]	
E /	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				2017	
ō	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.]	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
orke	-	AT WORK AT WORK		-					
S S		220 I certify that (1) (this hospi	to Ditterded the decepsed from	1 = X4	27 1979				that 🗶 (we) lost
n 21		abave. (1) (we) (did) (did)	view the body after death.	7 , 0	nd that in ( ) (our) opinion	death occurred on the de	ate and hour o		
Fe		22b. SIGNATURE	1901		DEGREE ATTENDING	MEDICAL STAI	cc	22c DATE	SIGNED
±			10 0 Deur	- /V	100 PHYSICIAN	DIRECTOR PHYSIC	IAN	15-	24-19
PORTANT		22d. PHYSICIAN'S NAME (TYPE O	R PRINT;	1	22e ADDRESS	0.00 . 1	111-	Cock	KEYSUY_
Od		DAI	I VO, M	. D_	LOS LURD	BYRON L	ANE	nd.	21030
5	230 E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	cc	YTHUC	STATE
_		Burial	May 29, 1979	River	view Cemetery	Charlotte			

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDIF

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

BALLEMAN STRUCK

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at ance.

medical

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10984

	1 -	FOR STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. N	79-1	098	} 4
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
	(TYPE	ORPRINT) HENRY	G.	MO	MR		5-27-	79	11:35 AM
1	3 SEX		4 RACE	5. DATE (		& AGE (IN YEARS LAST BIR	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	- 4	M	W	5	1 99	80	YRS	DAYS	HOURS MIN
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY C		EATH	,
2		70	0311	WIDOW		DALTIN	TORE	COL	NTY MD
3	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		HOSPITAL	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST O		ETALL	FLOOR-
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO D	13. STREET DODRESS	ich Ribe	EDK	
2	14 FA	ALEXANDER	MIDDLE MOHR		15 MOTHER'S MAIDENNAM	WIDDIE	M	HTTE	.e'
			RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-01-1	799k	ACBERTH MOH	R247Uh	SS COST	De 2	1234
			nly one couse per line for (a), (b), and OBY:	MYD	CARDIAL IN	FARCTIO	N	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
1		410- IMMEDIA	DUE TO, OR AS A CONSEQUE		Control And Control	7 4(10 - 77 -		- 61	1
		Canditions, if any, which gave rise to immediate couse (01, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF					
			( (c)						
	NO	DIASETE	CONDITIONS CONTRIBUTING TO C		NOT RELATED TO THE TERM!	nal disease or con	DITION GIVEN IN	PART 10	,
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH		ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		OF DEATH?
1	ERT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO NO NOTIFE OF INTUITION O	YES TEM IR PART I	OR PART 21	NO [
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR		ED (ENTERTAINED THAT		70 1 201 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN C6	DUNTY	STATE
		220.1 certify that (1) (this hospi	ital) attended the deceased from	5/2	nd that in (m) (aur) apinian d	eath occurred on the de	2, 19		hot (I) (we) last
1		above (1) (we) (did) (did no	ot) view the bady after death.		DEGREE ATTENDING	MEDICAL STAI		22c. DATE S	
-		274 PHYSICIAN'S NAME (TVH O	R (Mact)		PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSIC	IAN 🗌	3/2	7/79
		ALBERTO -	J. DIAZ, M.		7600 OSLE		067/MO	22 /	40,00
	(S	URIAL, CREMATION, REMOVAL PECIFY)	31 MAY 79 M	JAME OF C	CEMETERY OR CREMATORY	23d. LOCATION TORTOWN	6- M	B	STATE
	24 FU	NAME OF THE PARTY	House, Bacsos M	5.2	MA'	REC'D. BY REGISTRAR	25b. RECHSTRAR'S	SSIGNATU	IRE "

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR				CERTIFI	CATE OF DEATH	REG. NO			
			RST	- /	MIDDLE	L/A	127	20. DATE OF DEATH	HTMON	DAY YEAR	2b. HOUR
	(TYPE O	Perint)	ter			Me	orawski		5 8	3 79	5:20/M
3	SEX		4. F	RACE		5. DATE O		& AGE (IN YEARS LAST BIRTH	IDAY)	MONTHS DAYS	HOURS AIN.
	M	lale		White		8	1 1908	70	YRS		
7		THPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COUNTRY?	8 AAA PRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
36		laryland		USA		WIDOWE		Baltimo			MD.
1		YORTOWN OF DEATH	( 11.	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Fitch A	ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Paper Har	WORKING LI	(FE) INDUSTRY	
T		L RESIDENCE (IF NURSING	HOME OR OTH			E ADMISSION)					
	13a ST	TATE 13	alti		Fullert	N	13d INSIDE CITY LIMITS? YES NO X	4205 Fit	tch 1	Avenue	
1	4 FAT	THER'S NAME	MIDI	) I F	LAST		15. MOTHER'S MAIDEN NAM	ME		LA	ST
30		John	Milot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Moraws	ki	Sophie			Fis	tek
1 1	6a W	AS DECEASED EVER IN	U.S. ARME	D FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
	(YE	NO OR UNKNOWN]	IF YES, GIVE WA	AR OR DATES)	217-12-	3822	Dorothy C	. Morawski	L 4:	205 Fi	tch Ave
- F	-	18. CAUSE OF DEATH			line format (h) an	d (c) )				BETWEEN	ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIF			ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONI		ES, WERE FIND	INGS USED
0	_	TAL DATE OF GLEROT	N	170 00.10		OPERATIO	N WAS PERFORMED		IN CERT		S OF DEATH?
9	Ē					OPERATIO		YES NO	IN CERT	ES 🗌	S OF DEATH?
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL	RLYING USE OF DEATH	216. TIME O			21c. HOW INJURY OCCUR	YES NO	IN CERT	ES 🗌	
9	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA. (IF EITHER, NOTIFY MEDICAL (III. INJURY OCCURRE WHILE NOT WHILE	RLYING USE OF DEATH EXAMINER)	21b. TIME C HOUR A P 21e. PLACE	DF INJURY MONTH D	AY YEAR		YES NO	IN CERT Y	ES 🗌	
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	RLYING USE OF DEATH EXAMINER)	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY ,.M. MONTH D ,.M. OF INJURY (REET, FACTORY, OFFICE,	AY YEAR	216 HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUS	IN CERT Y	(ES	NO STATE
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220.1 certify that (1) (1) saw the deceased	RLYING USE OF DEATH EXAMINER)  D  E  this hospital	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY  .M. MONTH D  .M. OF INJURY  OF INJURY  REET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR	YES NO CITY OR TOV	IN CERT Y TY IN ITEM 18,	COUNTY  1927  Dur and from the	STATE , that (I) (we) lost e couses stated
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA. (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220.   certify that (1) (t	RLYING USE OF DEATH EXAMINER)  D  E  this hospital	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY  .M. MONTH D  .M. OF INJURY  OF INJURY  REET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	21f. HOW INJURY OCCUR 21f. LOCATION STREET  , 1955  and that in (my) (67) Depinion  DEGREE	YES NO CITY OR TOV	IN CERT Y IN ITEM 18,	COUNTY  1927  Dur and from the	STATE , that (I) (we) lost
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (1) (fr sow the deceased above, (1) (we) (dia 21). PHYSE TO US TARA	USE OF DEATH EXAMINER)  D  E  his hospital alive an d) (did not)	21b. TIME C HOUR A P 21e. PLACE (AT HOME, S1	OF INJURY  .M. MONTH D  .M. OF INJURY  OF INJURY  REET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	21f LOCATION 21f LOCATION STREET  1950  nd that in (my) (607) Dpinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS	YES NO RED (ENTER NATURE OF INJUST  CITY OR TOV  death occurred on the di  MEDICAL STAI  DIRECTOR PHYSIC	IN CERT Y IN ITEM 18,	COUNTY  1927  Dur and from the	STATE , that (I) (we) lost e couses stated
,	MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (WE ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 220. I certify that (1) (the saw the deceased above, (1) (we) (die 1718. SIGNAL UR  John	CLYING USE OF DEATH EXAMINER)  D  E USE OF DEATH EXAMINER)  D  A bis hospitol  A clive on  A C (TYPE OR PI	21b. TIME C HOUR A P 21e. PLACE (AT HOME, S1) ottended the view the body	OF INJURY  .M. MONTH D  .M. OF INJURY REET, FACTORY, OFFICE, he deceased from 19 y offer death.	AY YEAR 19 FARM, ETC.)	21f. HOW INJURY OCCUR  21f. LOCATION STREET  1956  nd that in (my) (607) Depinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS  7527 Be1	YES NO CITY OR TOVE  CITY OR TOVE  death occurred on the discontinuous physical STAL  DIRECTOR PHYSIC  air Road	IN CERT Y IN ITEM 18,	COUNTY  1927  Dur and from the	STATE , that (I) (we) lost e couses stated
,	WEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220.1 certify that (1) (if saw the deceased above, (1) (we) (dic 210.3 JEHN TUR  JOHN SPECIFY, SPECIFY,	CLYING USE OF DEATH EXAMINER)  D  E USE OF DEATH EXAMINER)  D  A bis hospitol  A clive on  A C (TYPE OR PI	21b. TIME C HOUR A P 21e. PLACE (AT HOME, S) ottended it view the body Hyle 23b. DATE	OF INJURY  .M. MONTH D  .M.  OF INJURY REET, FACTORY, OFFICE, he deceosed from y offer death.	AY YEAR 19 FARM, ETC.)	216 LOCATION STREET  19 30  and that in (my) (ev) ppinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS 7527 Be1  CEMETERY OR CREMATORY	YES NO RED CENTER NATURE OF INJUING TOWN  CITY OR TOWN	IN CERT Y  Y  IN ITEM 18,  The ond ho	COUNTY  19 7 9  22c. DAT  COUNTY	state , that (1) (w) lost e couses stated E SIGNED 9 ~ 79
1	WEDICAL MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK  220. I certify that (1) (It saw the deceased above, (I) (we) (dia )  3. PHYSET FEMAL  John  SURIAL, CREMATION, R.	USE OF DEATH EXAMINER)  D E I bis hospitol d) (did not)  AE (TYPE OR PI	21b. TIME C HOUR A P 21e. PLACE (AT HOME, S1) ottended the view the body	OF INJURY  .M. MONTH D  .M.  OF INJURY REET, FACTORY, OFFICE, he deceosed from y offer death.	AY YEAR 19 FARM, ETC.)	216 LOCATION  216 LOCATION  216 LOCATION  216 LOCATION  216 LOCATION  216 LOCATION  217 LOCATION  218 ADDRESS  218 ADDRESS  7527 Bel  228 ADDRESS  7527 Bel  CEMETERY OR CREMATORY  S of Faith	YES NO RED (ENTER NATURE OF INJUING TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	IN CERT Y Y Y N HEM 18,  TO the ond ho	COUNTY  19 7 9  224: DAT  COUNTY  COUNTY  Altimo	state , that (1) (w) lost e couses stated E SIGNED 9 ~ 79

DHMH - 16 25M (VR A 15 (4) ) 9/74

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

requires that the death certificate be executed within 24 hours after death. P

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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	- married Lang		
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# TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direction of the completely filled in by the funeral direction of the complete within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be executed TTENDING PHYSICIAN The low retained by the hospital or attending physician

BP.

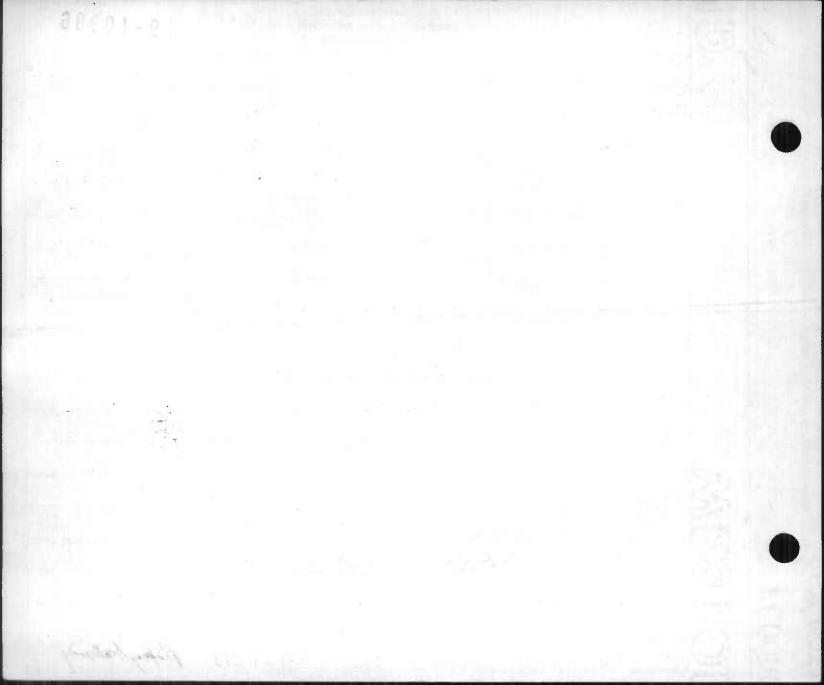
DHMH-16 20M (VRA 15, 4) 7/78

Poge 4 may be

STATE OF MARYLAND

20 10086

١	۱ -	FOR STATE REGISTRAR			DEPARTA		EALTH AND M		IENE REG. NO	79-	109	86	
		CEASED NAME	FIRST		MIDDLE		AST			AONTH DAY	YEAR	2b. HOUR	-
	(ITTE	and the state of t	ladys	J	ean	I	<b>YERS</b>			5 1	6 79	7.36 %	a
Н	3. SEX 4. RACE				5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS	_	
1	Fe	male		Whi	te	3	21	18	61	YRS.	NTHS DAYS	HOURS MIN.	
	7a. BII	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MA	PRIED [	9 BALTIMORE CITY OF		FDEATH		
5		nnsylvan	ia	U.S	.A.	WIDOW		DRCED 🔀	Baltimore	Count	V	MD	).
		TY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12m USUAL OCCUPATIO	N	12h KIND OI	CONKING	
1	Ro	ssville			lin Squa		Hospita	1		lerk	Dept		
	USUA 13e S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CIT		134. STREET ADDRESS				100
5	Ma	ryland		imore	Dundall			40 K	4030 St.	Moni	ca Dr	ive	
	14. FA	THER'S NAME	,	AIDDLE	LAST		15. MOTHER'S		ME		LAST		_
3/		Walter			Hicks	5	Myr	tle			Fin		
	Ida W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	4030°DSE	. Mor	nica I		_
	No				208-24-	8204	Delor	es M.	Wilson -	Balto			
		PART I. DEATH W	H (Enter on	y one couse per	line far (a), (b), and	d (cs)					BETWEEN O	NATE INTERVAL	
		PARTI. DEATH W	IMMEDIAT	E CAUSE (0) R	espirator	y arr	est						_
		436 - DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony,		(b)_	eft upper	lobe	& righ	t lowe	r lobe pneur	nonia			_
		cause (a), statin	g the		R AS A CONSEQUE								
					ight C.V.								=
П	z								IN AL DISEASE OR COND				
4	CERTIFICATION	Chronic b	rain	syndrom	e. athero	scler	otic car	cdio-vi	ascular dise	ASPVES V	WEDE EINIDIN	CS LISED	_
3	FIC	DATE OF OFERA	1014	140 COI40	more or which	OFERATIO	IN WAS FERFOR	MED		IN CERTIFY!	NG CAUSES	OF DEATH?	
9	ERTI	21a. ACCIDENT WAS UND	DERLYING T	21b. TIME C	F INTURY	_	In How IN I	IRY OCCURR	YES NO (X)	YES		NO	-
1		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH DA			on occonn	TED TENTER THINGS OF WOOD	DT HEM TO, TAKE	· On i Ani aj		
	MEDICAL	(IF EITHER, NOTIFY MEDICA 216: INJURY OCCURE		21e PLACE	M. OF INJURY	19	211 LOCATION	ı					-
	ME	WHILE NOT WE	HILE		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN	٧	COUNTY	STATE	
		220 I certify that (I)		al) attended th	e deceased from	5/	14/	19.79		/ 10	70 1	hot (I) (we) last	-
		saw the decease abave, (1) (we) (a				79 .	nd that in (my) (a	-	death accurred on the da				
		22b SIGNATURE	did) (did na	) view the body	after death.		DEGREE				22c DATE S	SIGNED	-
E		ALR	A	R	AYR			TENDING HYSICIAN	MEDICAL STAF		F /3	C 170	
		226. PHYSICIAN'S NA	ME (TYPE OF	PRINT)	100		12 ADDRESS	IT SICIAIT L	J DIRECTOR () THISICI	~\ <b>~</b> \	1 5/ 1	6//9	-
		Azra Raza	a. M.I	).			9000	Frank	lin Square D	rivo			
	23a B	URIAL CREMATION.		236. DATE	23c. N	AME OF C	EMETERY OR CR		236. LOCATION			STATE	=
		Buria]		5/18/	/79 Oa	k La	wn Cem	eterv	Baltimor		t i mor		
	24 FL	INERAL DIRECTOR T	uda-	Ruck.	Inches			25a. DATE	E REC'D. BY REGISTRAR 2	Sh. REGISTRA	R'S SIGNATI	JRE	_
		922 Wise				MD	21222	MAY	2 1 1979	Frifty	1750	wally	



		FOR STATE		E OF MARYLAND BEALTH AND MENTAL H	YGIENE	
-		REGISTRAR		ER'S CERTIFICATE O	F DEATH REG. N	78-10981
(M) % &		EASED NAME FIRST	Courne 1	yers.	OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
PLEA	3. SEX	4. RAČE	5. DATE OF BIRTH 6. AGE (IN YEAR MONTH DAY YEAR LAST BIRTHDAY	DAYS HOURS	24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
IS NECESSARY, PLEASI FE FUNERAL DIRECTOR E. 5. FOR YOUR FILE ED, WITHIN 72 HEAL I. W. PRESTON S.		ale Cau.	1/6/1911 68		DEAD	Mde/141079 6 DM
NECESS FUNERA 5 FOR WITHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	ED IX	OR COUNTY OF DEATH
W. W.		Maryland TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCE	Baltimo	
PAGE PAGE 301 W	10. C.		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	USUA	Monkton  L RESIDENCE (IF IN NURSING HOME OF	2720 Corbett Ro		Trainer	Horses
IF ANY DE 2, AND 3 T 3. RETAIN SHOULD B L RECORDS	13a. S	arvland Balti		13d. INSIDE CITY LIMITS? YES NO 12	13e. STREET ADDRESS 2720 Corbe	tt Road
		THER'S NAME		15. MOTHER'S MAIDE		
N S I		Eugene Ro	dgers Myers	Jessie		Merryman
PAGE FORM NO OF	16a. V	AS DECEASED EVER IN U.S. ARM	AED FORCES? 16b. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	
URS AFT B. GIVE I WITH FO PAGES DIVISION	1	Yes (IF YES, GIVE V	218-01-01	86 Robert I	. Myers	Monkton, Md.
^ - F		18. CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), and (c).)	/ /-	100	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ALONG PERMI T PERMI T GENE,		PART I DEATH WAS CAUSED	E CAUSE (a)	eac 4.	nest	Judden
AIN I		Canditions, if any, which	DUE TO OR AS A CONSEQUENCE O	1 10	8111	5+-4-
ENCIL IN WINER TRANSII		gave rise to immediate cause (a) stating the under-	) 160 eneral	Eld Ho	000	fee
A A L A L		lying cause last.	DUE TO, OR AS A CONSEQUENCE @			//
A P Z Z Z	18	PART 2 OTHER SIGNIFICANT CONDITIONS C	(c) Ontributing to death but not related to the termin	NAL DISEASE OF CONDITION GIVEN IN PAI	7T 1 (a)	
NDING MEDIC AS A ALTH A MATIC	Z			OF ALTERNATION OF THE INTERNATION	VI 1 301,	
UID WEN	CERTIFICATION	19a. DATE OF OPERATION	198 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
HE WORD "PEN HE WORD "PEN THE CHIEF A ULD BE USED, TMENT OF HEA O BURIAL, CRE/	TER					YES - NO NO
CATE SH THE C ULD BE WENT C O BURIA	S. S.	216 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
EFO0%-	13	CONTRIBUTING CAUSE OF D	EATH P.M. 19			Table 1 Committee
CERTING TING DED T 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED  WHILE   NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WRI WARI AGE AGE		AT WORK AT WORK				
FOR P		22a. I certify that I took charge	e af the remains described above, held an	Autopsy , Inspection	n , Inquiry , ar	nd in my apinian
BE BET TEN		death resulted from: Natura	al causes Accident , Suic	ide Hamicide L	Undetermined manner,	
IL EXAMINE IE CERTIFICA OULD BE FI U DIRECTO H, WITH TH MARYLAND		ACTUAL MA	ele + On by	Of the STREETSPECIETY	14	DATE 5/11/19
EDICAL INE THE 4 SHOUNDER ALL DEATH, AORE, M		SIGNATURE	Mess Govary	W. S. Jaco	MEDICAL EXAMINER	SIGNED
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE, A		EXAMINER'S NAME (TYPE OR PRINT) Chai	rles F. O'Donnell	ADDRESS750	l York Rd.	Towson, Md.
EXECUTE THE EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	23a. Bl	JRIAL, CREMATION, REMOVAL 23		ETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	(5	Burial	5/16/1979 St. J	ames Cem.	9.0	altimore Md
DHMH - 17	24. FU	INERAL DIRECTOR	ADDRE5S	Md. 250. DATE F		
(VR A15 ME (5)) 30M 7/73	M	. Gladden Kur		ville,	WILLI TO 1019	/ /

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contributions are saidenty

# STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO. 19-	10988
I. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	EAR 2b. HOUR
(TYPE OR PRINT) Leon	nard William	Neidhardt		19 M
3 SEX	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I	DAYS HOURS MIN.
Male	White	2 11 1908	71 YRS	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	лн
Maryland	USA	WIDOWED DIVORCED	Baltimore County	
10. CITY OR TOWN OF DEATH Parkville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 3126 Willoug	SING HOME OR OTHER INSTITUTION REET ADDRESS)  ghby Road	TYPE OF WORK FOR MOST OF WORKING LIFE! INDU	ind of Business or ustry wn,Cork&Sea
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	3126 Willoughby	Road
14. FATHER'S NAME FIRST William	H Neidl	15. MOTHER'S MAIDEN N FRST Mary	P	Smith
160. WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT 1-3985 Wm. L. Ne	ADDRESS eldhardt 7413 Park	APPROXIMATE INTERVAL
	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	QUENCE OF ORK AND C	HERE PAILURE  RMINAL DISEASE OR CONDITION GIVEN IN P.	ART 1(a)
PERI PHERAL 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P	40.00
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFI	1 187	cmy or town coun	That etter lost
220.1 certify that (I) (this how saw the deceased alive above, (I) (we) (did) (did	ospital) ottended the deceased from MARCH 2-Y 19 d not) view the body after death.		on death occurred on the date and hour and fre	om the couses stoted
THE PAYSICIAN SNAME (TYP	& M. Bett	Stale, MID ATTENDING PHYSICIAN  220 ADDRESS		114124, 1979
	Bittrick M.D	8100 Han	rford Road	
230. BURIAL, CREMATION, REMOV (SPECIFY)		Moreland Mem. Par	rk Parkville Balti	more, Md.

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physicia

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the busid-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

IMPORTANT: If Nem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

DHMH - 16 25M

(VR A 15 (4) ) 9/74

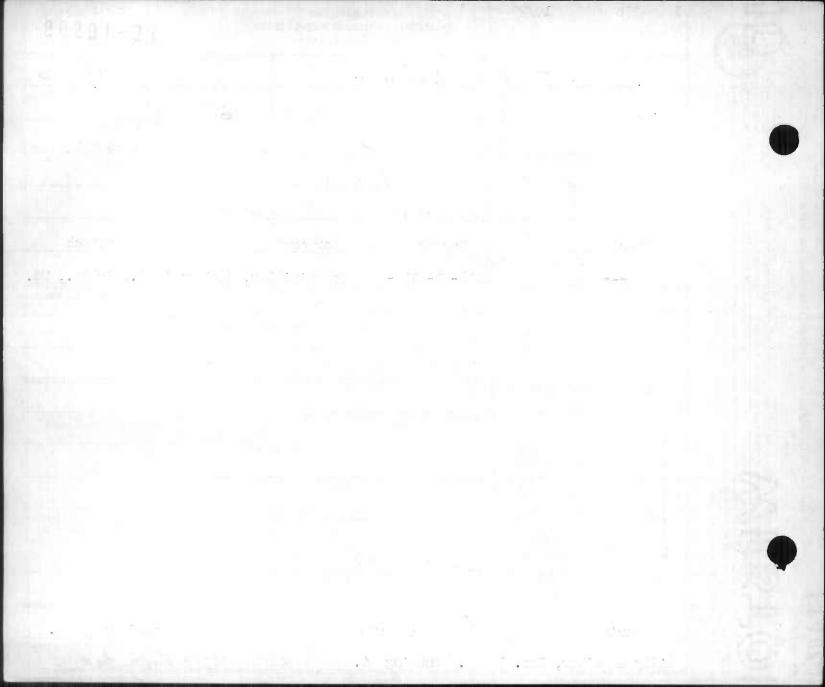
24. FUNERAL DIRECTOR Lassahn Funeral Home

7401 Belair Road

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SEMINANCE   SIAM CONCORDING   TO COUNTY OF DEATH   TO PRODUCE   TO STORY OF DEATH   TO STORY OF DEA			FIRST	WIDDLE	1- "	AST	20 DATE OF DEATH	MONTH D	AY YEAR
SEMINANCE   SIAM CONCORDING   TO COUNTY OF DEATH   TO PRODUCE   TO STORY OF DEATH   TO STORY OF DEA		Marg	arel	/V	elmi	Her	1.05/	5-1	8-79
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MARRIED   NORCED   BALTINAGE OF LOWER MARRIED   BALTINAGE COUNTY   TO MORE DE COUNTY	70. 8	remale	- Th. (	MAILE	v2 1/2	28 - 1893	BALTIMORE CITY		OF DEATH
18 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  17. SUJULI CECURATION  18. COLOR STATE OF MARKED THE CAP STATE OF STATE O	9	CONTRY)	POREIGN /B		MARRIE		P. IT.	OK COUNTY	A .
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USUAL RESIDENCE (**Nussing right of other wishinton, one residence shore advision)  138 STATE  139 TOUNTY  139 STATE  130 STATE  131 STATE  131 STATE  132 STATE  133 STATE  133 STATE  133 STATE  133 STATE  134 STATE  135 STATE  135 STATE  135 STATE  136 STATE  137	OT	6WSON	MO	(# NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	= . ^ . /	(TYPE OF WORK FOR MOST	OF WORKING LIFE	
14 FATHER'S NAME   NODIE   LAST   15 MOTHER'S MADEN NAME   POTEST   NODIE   LAST   15 MOTHER'S MADEN NAME   POTEST   NODIE   LAST   15 MOTHER'S MADEN NAME   POTEST   NODIE   LAST   NODIE   PART   NODIE   LAST   NODIE   LAST   NOTIFICATION   17 INFORMANT   ADDRESS   NODIE   NOTIFICATION   18 INFORMANT   ADDRESS   NODIE   NOTIFICATION   18 INFORMANT   ADDRESS   NODIE   NOTIFICATION	USU	AL RESIDENCE (IF NU	RSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		1		
14 FATHER'S NAME   Petter   MODIE   DATE   Petter   MODIE   DATE   Petter   MADRES   Petter   Petter   MADRES   Petter	130.	MA	136 COUNTY				1600	-1 0	7
Peter   Baumer   Margaret   Bet.	14 F/				mu	IS MOTHER'S MAIDEN NA	ME	1/10 0	//
No Contributing   Cause of Departion   196 Condition for which operation was performed   196 autopsy   196 according to the condition of the	00		MIDD		270				Bet s
11 CAUSE OF DEATH IETHER only one couse per list for (a), (b) and (c)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   PART I. DEATH WAS CAUSED BY I.		WAS DECEASED EVE		FORCES? 166 SOCIAL SE				RESS	2000
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR    If EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19		gave rise to in cause (a1, stat	nmediate ling the		1D		*		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR    If EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19	z	gave rise to in cause (a1, stat underlying caus	nmediate ling the se last.	(c)	DUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVE	N IN PART I (a
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR    If EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19	ATION	gave rise to in cause (a), statunderlying cause	nmediate ling the se last.	(c) IDITIONS CONTRIBUTING TO	DUENCE OF				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR    If EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19	IFICATION	gave rise to in cause (a), statunderlying cause	nmediate ling the se last.	(c) IDITIONS CONTRIBUTING TO	DUENCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING
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230. BURIAL, CREMATION, REMOVAL 234 DATE 22,79 236 NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OR TOWN CITY OR TOWN Baltimore  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR' 256. REGISTRAR'S SIGNATURE.		gave rise to in cause (a), stot underlying cause PART 2 OTHER SIC 19 DATE OF OPER.  21e. ACCIDENT WAS UI OR CONTRIBUTING 19 FEITHER, NOTHY MED 21d. INJURY OCCU WHILE AT WORK NOTHY AT WORK 22a. I certify that (	MINION  ATION  ATION  DERLYING  CAUSE OF DEATH CALL EXAMINER)  RRED  WHILE  VORK  II (this haspital)	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ottended the deceased from	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION SIREET  , 19 ad that in (my) (aur) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN.	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	WERE FINDING CAUSES COUNTY
Burial May 22,79 Oak Lawn Baltimore  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 350. REG		gave rise to in cause (a), stot underlying cause PART 2 OTHER SIC 19 DATE OF OPER.  21e. ACCIDENT WAS UI OR CONTRIBUTING 19 FEITHER, NOTHY MED 21d. INJURY OCCU WHILE AT WORK NOTHY AT WORK 22a. I certify that (	MINION  ATION  ATION  DERLYING  CAUSE OF DEATH CALL EXAMINER)  RRED  WHILE  VORK  II (this haspital)	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ottended the deceased from	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET  , 19 Ind that in (my) (aur) opinion DEGRÉE  ATTENDING	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	COUNTY  9, the and from the country
Burial May 22,79 Oak Lawn Baltimore  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 350. REG		gave rise to in cause (a), stotunderlying caus  PART 2 OTHER SIC  19a DATE OF OPER.  21e ACCIDENT WAS UI OR CONTRIBUTING [] JIF EITHER, NOTHY MED  21d INJURY OCCUI WHILE ATWORK ATWORK  22a. I certify that ( saw the dece	MINERITYING CAUSE OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)	196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE attended the deceased from 19	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET  , 19 Id that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	COUNTY  9, the and from the country
Burial Cak Lawn Baltimore  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE.		gave rise to in cause (a), stotunderlying caus  PART 2 OTHER SIC  19a DATE OF OPER.  21e ACCIDENT WAS UI OR CONTRIBUTING [] JIF EITHER, NOTHY MED  21d INJURY OCCUI WHILE ATWORK ATWORK  22a. I certify that ( saw the dece	MINERITYING CAUSE OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)  RRED WHILE CORK USER OF DEATH ICAL EXAMINER)	196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE attended the deceased from 19	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET  , 19 Id that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	COUNTY  9, the and from the country
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATU	WEDICAL ASSESSMENT	GOVE rise to in cause (a), stotunderlying caus  PART 2 OTHER SIC  19a DATE OF OPER.  21e. ACCIDENT WAS UITOR CONTRIBUTING INTERMED ATE INTERMED	INTERCENT CON  ATION  A	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE attended the deceased from ew the body after death.	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19 , on	211 LOCATION 211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN [ 22e ADDRESS	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the  MEDICAL ST  DIRECTOR PHYS	20b. IF YES, IN CERTIFY YES  DURY IN ITEM 18, PA  date and haur	COUNTY  9, the and from the country
	WEDICAL ASSESSMENT	GOVE rise to in cause (a), stotunderlying cause (a), stotunderlying cause (a), stotunderlying cause (b) and cause (a) and cause (a) and cause (b) and cause (c) and cause	INTERCENT CON  ATION  A	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE attended the deceased from ew the body after death.	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19 , on	211 LOCATION 211 LOCATION SIREET  19 dd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [ 220 ADDRESS	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the  MEDICAL ST  DIRECTOR PHYS	20b. IF YES, IN CERTIFY YES SURY IN ITEM 18, PAI OWN 1 date and hour AFF	COUNTY  WERE FINDING CAUSES C  THE FOR PART 2)  COUNTY  9, the and from the county county county county county



requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN The low

TO HOSPITAL

#### STATE OF MARYLAND

	1 -	STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	REG. N	7 !	9-10	990
ı		CEASED NAME FIRST	MIDDLE	LA	AS1	20 DATE OF DEATH		AY YEAR	26. HOUR
	(TIPE	Charles	A .	NICOL	DEMUS Jr.	May	8	1979	7:00 AM
ľ	3. SEX	(	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN
		Male	White	Sept		89	YRS	UNINS	HOURS MIN
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	1 BALTIMORE CITY O	R COUNTY	OF DEATH	
9		Maryland	USA	WIDOWE		Baltim	ore C	ountw	MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 16426 Fall	TREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Executive	ON F WORKING LIFE	126. KIND C	of Business or king
5	USUA 13r. S	AL RESIDENCE   # HURSING HOMEO ITATE 136 COUI  Md. Ba]	ROTHER INSTITUTION, GIVE RESIDENCE INTY	EFORE ADMISSION)	YES NO 🔯	13ª STREET ADDRESS 16426 F			
0	14. FA	Charles	A. Nicoder	mus Sr	Sallie	WIDDLE		Em	ich
	16a W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GN YOS WW	E WAR OR DATES)	8-6579	Mr. James	s Neal		o., Ma	d.
		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	OUENCE OF	anten, And	INAL DISEASE OR CON	DITION GIVE	19C	es
	CERTIFICATION			TICH OPERATION	N WAS PERFORMED	20R AUTOPSY?		WERE FINDI	
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR				Т
	MEDICAL	21d INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE
		27a I certify that (I) (this hosp saw the deceased alive or oba- II we had not 27b. SIGNATURE		978on	8-21 19 77 d that in (my) (aur) opinion of	death occurred on the di	,	and from the	/
	H	22d PHYSICIAN'S NAME (TYPE O	W 66	5 1		DIRECTOR PHYSIC	FF IAN 🗆	37 DATE	8/25
		James C. F	dicely M.D.		6701 N. CI		Tow	son, l	Md.
	23a. B	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	5/11/79	St. Jo	hn's Cem.	Glyndon	Bal		o., Md.
		INERAL DIRECTOR	ADDRES:		ork Rd 250 DATE		256. REGISTR	AR'S SIGNAT	TURE
	H	lenry W. Jenk	rins & Sons	co.,Bal	Lto., Md. MA'	Y 9 1979	P	to his	0.

1979

Fritzen Sieland

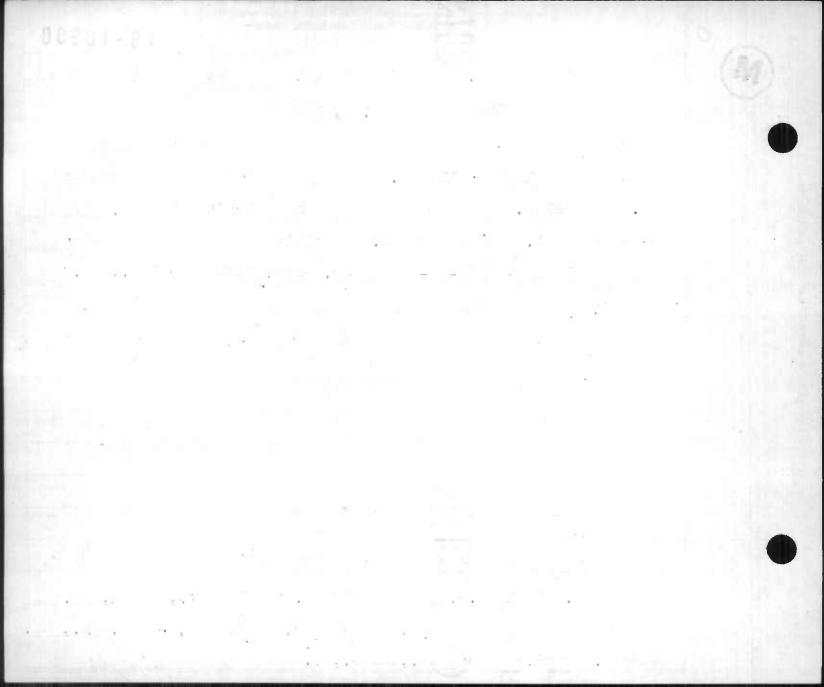
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. Or recommendation of the 18 shows ony injury, or other troumatic event, the medical examiner.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner.

must be notified at ance.

DHMH-16 20M (VRA 15, 4) 7/78



that

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

n and campletely filled in by the funeral director Pages 1 and 2 shauld be filed within 72 hours of

must be natified at ance.

medical exam

# 1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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REG.	7	-	1	U	7	9
REG.	NO.					

9		REGISTRAR			CERTIF	ICAIL OF DEATH	REG. N	5.		
		CEASED NAME FIRST		AIDOLE	i	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
		Corin	ne Ro	se	N:	iller	State	May 2	9, 1979	M
	3 SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS
ı		Female	White			1 21,1898	81	YRS	MONTHS DATS	NOOKS MIT
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
S		Maryland	USA		WIDOWE	DIVORCED	Baltimor			MD.
	10. CI1	TY OR TOWN OF DEATH		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS OR
2		Towson				ing Center	Assist. Sec		_	Supply
5	13a. S	TATE THE COURT OF		Baltimo	N	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	13e STREET ADDRESS 108 W. 3	Treas 9th S	t.	
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
Ü	5,10	Freeman		ckistone		May			Pric	e
X	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			. Hambu	_
9		es, no or unknown) (IF yes, Givi		212-30-	5107	Russell D. Ni	ller, Jr.	Balto	., Md.	
ı		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line far (a), (b), one	dicti	West Allegan			BETWEEN	ONSET AND DEATH
ı	ш		TE CAUSE (0)	Curde	ul c	にしていり				
ī		3789	DUE TO, O	R AS A CONSEQUE	-	1.71	1 1	1	1	
1		Canditions, if any, which	(b)_	HH.	~	Mulmorter	below chee	) c)	0	syn
7		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	1	1			10	
			(c)			selesation (	·D		10	120
	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CO	DUKIRUTING TO I	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	JIION GIVI	EN IN PART I	3
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	TIFE						YES NO		S [	NO [
,		210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	LY IN ITEM 18, PA	ART I OR PART 2)	
	SAL CAL	OR CONTRIBUTING CAUSE OF DEA	NID.		19	and the same of the		25.00		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, STE	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	~	AT WORK AT WORK								
		22a.1 certify that (1) (this hospi	4 %		11-6	, , ,		29	/	that (1) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did no				nd that in (my) (our) opinion o	death accurred an the do	ate and have		and the other
		22b. SIGNATURE	-1			DEGREE ATTENDING	_ MEDICAL STAI	e e	22c. DATE	SIGNED
	100	Kowleller &	- fin	li	761	PHYSICIAN [	DIRECTOR   PHYSIC		3.	-9-77
		224 PHYSICIAN'S NAME (TYPE O				22e. ADDRESS				
				lie, M.D.		Suite 142, 3		1 St.	Balto.	. Md.
	(5	URIAL, CREMATION, REMOVAL		100	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Intombment	June 1			n Mount	Baltimore	Cit 25b. RE	A Company	adjusty
	-	NAME	d U	ADDRESS 6		ork Rd. 250. DAT	JUN 5 KEGISTE	230. KE 100.	JUNA	
	TITE	chell-Wiedefel	u nome,	INC. R	offe	Md				

Balto. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, crimital MPORTANT: If them 21 is marked at them 18 shows any injury, at other

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	. bate	of Hearth Collection	2.2.2	
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	LAND STORIET	(Son Pork Ld.	0721,5-nm.	

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Siteball-Simulated Love, unc.

	E/	3.	/
	TO HOSPITAL ON ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours office death. Page 4 mainstands by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 22 hours every with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.	
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	osp ed b	d be	RTA
	TO HOSPITAL Co. ATTENDING PHYSICIAN The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be hatfilled at annual
	5 5	- 5 3	≤

RItems 18b.	Film#531
GISTRAR -31-79	as

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 9 -	1	0	9	9	2
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	1 -	FOR Items 18b. STATE REGISTRAR - 31-79	as	DLI AKI		EALTH AND MENTAL HYG	REG. N	79-1	099	2
	L DEC	CEASED NAME JOHN FIRST JOHN		J.		Norr Orr	April 2	3, 197	YEAR	9:30 pm
111	3 SEX	Male	4 RACE	te	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS HOURS MIN
2	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	Baltimore CITY O	R COUNTY OF		MD.
1		COSSVILLE	(IF NOT IN SU	HOSPITAL, NURSIN H FACILITY, GIVE STREET Clin Squa	ADDRESS)	or other institution	12s USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		INDUSTRY	eral Motor
1	130. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE - 136 COL	OR OTHER INSTITUTION JINTY	Baltimo	VN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4211 LaSa	lle Ave	nue	
1		Michael	MIDDLE J.	Norr, Sr		IS MOTHER'S MAIDEN NA. FIRST Margaret	E.		iessne	
2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW	WE WAR OR GATES	214-18-		Michael J.	Norr. Jr. 4		alle A	IVENUE  MATE INTERVAL  ONSET AND DEATH
	ATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O		ENCE OF	to Perforat		DITION GIVEN	IN PART 10	NGS USED
7	CERTIFIC	210 ACCIDENT WAS UNDERLYING			VEAR	21c HOW INJURY OCCUR	YES NO K	IN CERTIFYIN YES [		NO [
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF O  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e I certify that (1) (this has)	21e PLACE (AT HOME, ST	M. OF INJURY REET, FACTORY, OFFICE, ne deceased from	Febr	211 LOCATION STREET  WARY 2619 79 nd that in (my) (our) aprilian	cirron to	23 19.		state that (i) (we) lost
/		sow the deceased alive a obave, (I) (we) (Ad) (did not be seen as a see	OR PRINT)	PAN	, ,	DEGREE ATTENDING PHYSICIAN [	medical sta director physic	FFANA	22c. DATE 4-2;	
	23a. B	BURIAL, CREMATION, REMOVA SPECETY) BU <b>rial</b>		23¢		emetery or crematory	23d LOCATION CITY OR TOWN	co	UNTY MA	aryland
	24 FU Lec	onard J. Ruck,	Inc. 5305			25e DAT	E REC'D. BY REGISTRAR	236. RESISTRA	R'S SIGNAL	rivaly

DHMH-16 20M (VRA 15, 4) 7/7B

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician

TO HOSPITAL

death. Page 4 may be

urs offer

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ange.

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10993

REGISTRAR			REG. NO	)			
1 DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY		25 HOUR	
( ) ( )	Elizabeth (nmi) (	Ober	May 10	1979		3:10	PM
3 SEX	4 RACE 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		ER ! YEAR	IF UNDER 2	
F	Cauc	7/26/97 DAY YEAR	81	YRS	DAYS	HOURS	MIN.
To BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O		EATH		
Maryland	U.S.	DIVORCED		e County	inty M		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	RESS)	12a USUAL OCCUPATION OF WORK FOR MOST O		KIND OF	BUSINES	S OR
Towson	Greater Baltimore		Writer	1	News	pape	r
13a STATE 13b CO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			2111	11
	alto Monkto		Elkridge H	arford H	lunt	C1ub	
Gustavus	Ober	15 MOTHER'S MAIDEN NAM	Woole	n Ha	ambil	eton	1
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY	YNO. 17 INFORMANT	Monk	ton, Mo	1.	2111	.1
No	218.05.66	73A Alice P. C	ber, 3821	Beatty	Rd.		
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and ic-			L	APPROXIM BETWEEN O	NATE INTERV	AL EATH
PART I. DEATH WAS CAU	IATE CAUSE (a) Acute men:	ingitis		f	ew d	ays	
14-85	DUE TO, OR AS A CONSEQUENCE	E OF					
Canditians, if any, which	( Sepsis			f	ew d	ays	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	E OF				Y.	750
underlying couse lost	(c) Acute bron	nchopneumonia		s	several days		
	T CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVEN IN	PART Ira		
190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING							
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	20e AUTOPSY?	10b. IF YES, WER			1?
T .			YES X NO	YES 😿		NO 🗌	
	110110 111 11011711 -	YEAR 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OF	R PART 2)		
(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M.	19					110
21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC.) 211 LOCATION STREET	CITY OR TOW	'N COI	UNTY	STAT	TE
AT WORK LAT WORK		5/0					
	spital) attended the deceased from	5/8 19 79	105/10_		-	not (I) (we	
abave, (1) (we) (did) (did	on 5/10 19 79	2 . One mer in (in) / (est) opinion o	death occurred on the do				ed
IN SIGNATURE	+ 1/1/1 )	DIA ATTENDING	MEDICAL STAF		2c. DATE S		
22d. PHYSICIAN S-NAME (TYPE	s agripa, l	PHYSICIAN [	DIRECTOR   PHYSIC		5/11	/ /9	
					0.7.0		
Margaret L. I		6701 N. Char		son, Md.	212	U4	
3a. BURIAL, CREMATION, REMOVA		NE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Υ	Md.	E
Cremation	5/12/1979 Gr	een Mount	Baltimor				•
24 FUNERAL DIRECTOR	Decedios Teoress	8881/	REC'D. BY REGISTRAR	GISTRAR'S	IGNATU	IRE	
Walter Brooks	pragrey inc Ba	alto., Md. MAY	TO 19/9	inched 11	·	- Suy	

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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	(c) walt			
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within 24 hours afti

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-		_	-		

DECEASED NAME   FRST   MIDDLE   LAST   20 DATE OF DEATH   MONTH	7:50A M  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
Stanley  J. Ostrowski 5/7/79  3 SEX  A RACE  S. DATE OF BIRTH  MONTH  MONTH  DAY  YEAR  A GE (IN YEARS LAST BIRTHDAY)  A GAGE (IN YEARS LAST BIRTHDAY)  FOR DAY  TO BIRTHPLACE ISTATE OR FOREIGN  TO COUNTRY)  A BIRTHPLACE ISTATE OR FOREIGN  TO COUNTRY)  MARRIED  MARRIED  MONTH   IF UNDER LYEAR IF UNDER 24 HRS	
A BIRTHPLACE   STATE OR FOREIGN   76 CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   BALTIMORE CITY OR COUNTRY   WIDOWED   DIVORCED   BALTIMORE CITY OR COUNTRY   WIDOWED   COUNTRY   WIDOWED   DIVORCED   WIDOWED   WIDOWED   DIVORCED   WIDOWED   WIDOW	
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   130 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADDRESS   131 COUNTY   132 CITY OR TOWN   133 USUAL OCCUPATION, GIVE RESIDENCE BEFORE ADDRESS   134 UNSIDE CITY LIMITS?   136 STREET ADDRESS   136 STREET	
MARRIED NEVER MARRIED DIVORCED BALTIMOTE CO.  MID CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  TOWSON  GBMC, 6701 N. Charles St. 21204  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COUNTY  13c CITY OR TOWN  13d INSIDE CITY LIMITS?  13e STREET ADDRESS	
WIDOWED DIVORCED BALTIMOTE CO.  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  TOWSON  USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  131 CITY OR TOWN  132 STREET ADDRESS	
TOWSON GBMC, 6701 N. Charles St. 21204 (TYPE OF WORK FOR MOST OF WORK IN CHARLES)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)  130 STATE  130 COUNTY  131 COUNTY  132 CITY OR TOWN  134 INSIDE CITY LIMITS?  135 STREET ADDRESS	unty MD.
TOWSON GBMC, 6701 N. Charles St. 21204 Chery ER)  USUAL RESIDENCE (16 NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  138 STATE  139 COUNTY  131 CITY OR TOWN  130 LITY OR	12b. KIND OF BUSINESS OR INDUSTRY
130 STATE 136 COUNTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS	?.
	1
MC BALTO YES NO 10 7105 DUNG	SHIRE WAY
14. FATHER'S NAME  FIRST  MIDDLE  MIDDLE  MIDDLE	LAST
COSEDD OSTROWSKI AND	
160 WAS DECEASED EVE (IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	, 7105 , WAY
10 VG2-05-2701/Chestine H. OSTROWS	KI OUDSHIRE
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY Respiratory Failure	
DUE TO OR AS A CONSEQUENCE OF	
Conditions, if ony, which Chronic Obstructive Pulmonary Disease	NA COLUMN
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	15 15 15 15 15
underlying couse lost ( C) Asbestosis	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 10
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200, IF IN CE	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
YES NOX	YES NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19	
OR CUNINBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	STATE .
270 1 certify that (I) (this haspital) attended the deceased from 4/17/79, 19, to 5/7/79	, 19, that (I) (we) last
sow the deceased alive an 5/7/79 19 and that in (my) (our) opinion death occurred on the date and above, (I) (we) (did) (did not) view the body after death.	hour and from the causes stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
John Baiardi, M.D.  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN &	5/7/79
PHYSICIAN STANE (Type OR PRINT) . 22e ADDRESS	
Den Dande M. Q. GBMC, 6701 N. Charles St.	21204
236. BURLLY, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
BURIAL 5-10-79 SACRED HEART BALTO	ma
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250. RE	STRAR'S SIGNATURE
CONN MEDERY SONBINC CHESTER WHITE 1919 P	1

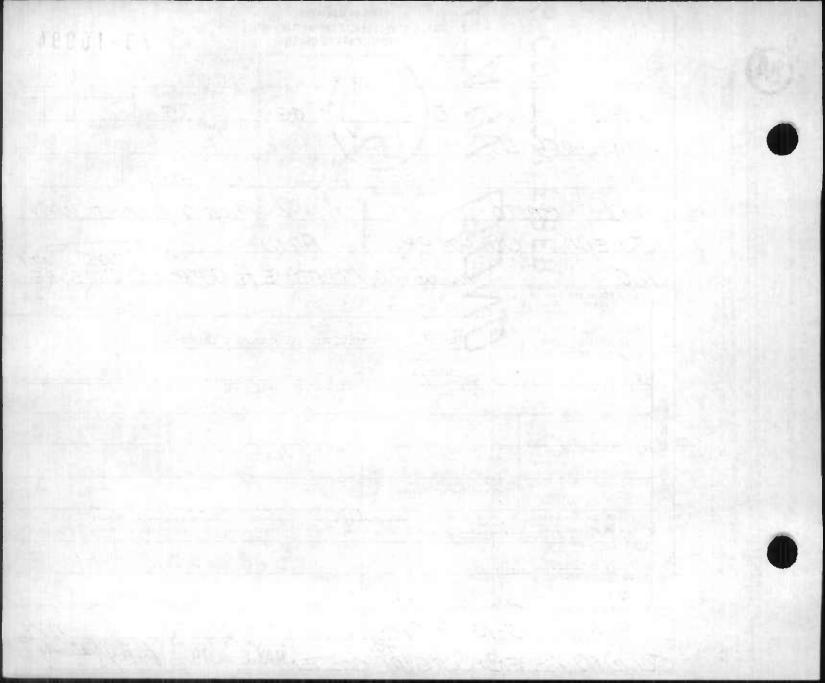
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DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral Lishand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed—then 72 may the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner flust be neitlied of ance.

injury, or ather troumatic event, the medical exam



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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 mc etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then pleass remove carbon papers. Pages I and 2 should be filed within 72 hour attended to the Bept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	1	0	9	9	5

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
ANNIE	ANORA	OXENHAM	May 7, 1979	5:40 M
3. SEX	4. RACE	5. DATE OF BIRTH  MONTH, DAY  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Female	White	12 / 16 / 1881 FEAR	98 YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore C	
Dundalk	1	re Avenue	(TYPE OF WORK FOR MOST OF WORKING HOUS	126. KIND OF BUSINESS OR INDUSTRY EWIFE
2	TO THE RINSTITUTION GIVE RESIDENCE BEFORE  NTY  Lto.  132 CITY OR TOW  Dundal	N 13d INSIDE CITY LIMITS?  YES NO 🔀		ore Ave. 21222
Levi	D. Roe	15. MOTHER'S MAIDEN NA FIRST Frances	MIDDLE .	Camper
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
No	217.30.	8422 Rosa F. G	roomsSame a	s 13e
Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH	orq	200 AUTOPSY? 206. IF Y	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
O CONTRIBUTING CAUSE OF DE GIF ETHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 21f LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this hasp saw the deceased alive or above. (I) (we) (did) (did not 22b. SKGN) TURE	ital) attended the deceased from 19 20 view the body offer death.  Lazaro, M.D.	DEGREE ATTENDING PHYSICIAN E	death accurred annhe date and h  MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 5/8/1979
				man with
Burial CREMATION, REMOVAL		oreland Mem. Pk	- 1	Md .
Walter Brooks	Bradley Inc. I	Dundalk, Md. MA	E REC'D. BY REGISTRAR 256 REGI	Exall Free Brussely

BP.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the

DHMH - 16 50M 1/76 (VR A 15 (4))

completely filled in by the funeral a 1 and 2 should be filed within 72 hi

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and co-should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

1	FOR STATE REGISTRA
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# STATE OF MARYLAND

1-	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 - 1 0 9 9 6							
	CERTIFICATE OF DEATH  REG. NO. 79-10990							
	OR PRINT) TOE A	(NMN)	0.	ochonski	20. DATE OF DEATH	AS HTMON	79	1150 M
3 SEX	Female	RACE White	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	THS DAYS	HOURS MIN
	RTHPLACE (STATE OF FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
	Russia	U.S.A.	WIDOWE	DI DIVORCED	Bultomere C			MD.
10. CITY OR TOWN OF DEATH Randallstown  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Randallstown  12. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOUSEWIFE								
13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 136. COUNTY TYLAND		QWN_	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Route 2			
	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WIOOFE	V	asol	evich
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI		17 INFORMANT	ADDRES	SS		
- (1	res, no or unknown) (if yes, given NO	219-54	-3262	Alexander :	Palochonsk	i, San	ie As	#13
CERTIFICATION	Ca a a l.	DUE TO, OR AS A CONSEI  DUE TO, OR AS A CONSEI  (c)  CONDITIONS CONTRIBUTING  MERITAL LALMAN  196 CONDITION FOR WH	OUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COND  ASCITES  200 AUTOPSY?  YES NO	DITION GIVEN	lung C ERE FINDIN IG CAUSES	Hiseare NGS USED
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFE EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	21c. HOW INJURY OCCUR	/	7.5	~	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
	sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased fro	9 or	, 19, 19	deoth occurred on the do		nd from the	
		er Chary, H.D.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F IAN []	5/2	9/79
	22d. PHYSICIAN'S NAME (TYPE O	CHANG, M.D.		Baltimuse	County alme	in Hos	p. Rich	nelallstown 21133
23a 8	Burial, CREMATION, REMOVAL	236. DATE 2 6-1-1979 F		emetery or Crematory rinty Russi	23d. LOCATION CITY OR TOWN	Bal	timor	re, Md.

BP.

OR ATTENDING PHYSICIAN: The lo

retained by the hospital or attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

Charles W. Burrier, Jr., Sykesville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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the transfer of the same of th	de recessor de la desencia de la SESPARA DE 1800.	
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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner must be patified at once. executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the haspital or attending physician.

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	5. 70	9-10	997	
	1. DEC	DR PRINT)		AIDDLE	P	AST		20 DATE OF DEATH	MONTH D	YEAR 79	26 HOUR	
١	2 05 4	annika	-		va	LA-		1.05	1		IF UNDER 24 HRS	M
	3. SEX	FEMALE WHITE		MONTH	5. DATE OF BIRTH  MONTH  JAN. 15, 1893		6 AGE (IN YEARS LAST BIRT		AONTHS DAYS	HOURS MIN.	-	
1	CO	RTHPLACE (STATE OR FOREIGN UNTRY) LITHUANIA	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIEI	D	9. BALTIMORE CITY O BALT IMOR	_		M	D
1		PIKESVILLE	(IF NOT IN SUC	OSPITAL, NURSIN HFACILITY, GIVE STREET A VILLE NUF	G HOME C	OR OTHER INSTITUTION HOME	Immed	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE	126. KIND O INDUSTRY AT HO	F BUSINESS O	-
1	13a S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUP MARYLAND		130 CITY OR TOWN BALT IMO	N	13d. INSIDE CITY LIMI	ITS?	13e STREET ADDRESS 6601 TROY	CT.	#21	209	
7	14 FA	THER'S NAME FIRST	MIDDLE	NYDER LAST		15 MOTHER'S MAIDE MAM I I		MIDDLE		UNEN	ww	
	(YE	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECUI 219-32-		17 INFORMANT DE		LBERT PATS	.\$\$			
		I CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	lly one couse per D BY: TE CAUSE (0)	Ine for (a), (b), and	NIA					APPROXI BETWEEN	MATE INTERVAL DNSFT AND DEATH B (FRS	
	7	Conditions, if any, which gove rise to immediate	DUE TO, OI	R AS A CONSEQUE	NCE OF						6.	
		couse (0), stating the underlying couse last	(c)	R AS A CONSEQUE			61			1		
	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMI	nal disease or coni				
0	CERTIFICATION	96 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO		, WERE FINDIN YING CAUSES		
		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	110110	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)		
	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	NRM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
		sow the deceased alive on above, (1) (we) (and (did no	may 6	197	9 . or		76 pinion de	eoth occurred on the do	te and hour	ond from the	that (I) (lost lost lost lost lost lost lost lost	1
		226. SIGNATURE ELLEU	au-	,	MI	PHYSICI	ING A	MEDICAL STAP	F IAN 🗌	5.7	7.79	
		MES KL	R PRINT)	40		7600 C	OSI	LER DR	2	1204		
	(5)	JRIAL, CREMATION, REMOVAL BURIAL	MAY 7			EMETERY OR CREMATE SAAC ADATH	ISR	- dram	_		LAND	
	24 FUI	NERALDIRECTOR SOL L 6010 REISTERST		& BRQS., BALTO		A A	VAY	rec'd. By registrar 1 4 1979	Field	JAN B	isoly	

DHMH - 16 50M 7/77 (VR A 15 (4))

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CARLES ALEEDIAN TOOD DELEG TA TROOP STOLE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO	).		
		OR PRINT)		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
				Madeline		atterson	May		1979	1:30 p
	3 SE	FEMale	4. RACE Whi.	te	5 DATE O		6 AGE (IN YEARS LAST BIRT)	YRS	MONTHS DAYS	HOURS MI
36	70 BI	RTHPLACE (STATE OR FOREI		S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			
57		TY OR TOWN OF DEATH	(IF NOT IN SUC	Franklin	G HOME ( DDRESS)  Squar	re Hospital	12a USUAL OCCUPATION (TYPE OF WORK EDR MOST OF HOUSEWII		12b KIND C INDUSTRY	OF BUSINESS
16	13a S	laryland	HOME OR OTHER INSTITUTION COUNTY  Baltimore	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Dundal	V	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 7822		t., Md. tley Roa	
30	14 FA	Killian	WIDDLE	aldhauser		15 MOTHER'S MAIDEN NA FIRST Annie	May May		Borgma	inn
1	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	219-66-5		17. INFORMANT Charles W.	Patterson,		Same	•
	7	couse (0), stoting underlying couse	lost (c)	R AS A COŃSEOUEI	NCE OF			1.11		
_	ATION					NOT RELATED TO THE TERM				
2	RTIFICATION	19a, DATE OF OPERATIO	DN 196 COND	ITION FOR WHICH (		n was performed	200 AUTOPSY?  YES NO	20b. IF YE IN CERT	ES, WERE FINDII IFYING CAUSES (ES ]	NGS USED
29	CAL CERTIFICATION		IPB COND  LYING 21b. TIME C HOUR A.	ITION FOR WHICH (	OPERATIO		200 AUTOPSY?  YES NO	20b. IF YE IN CERT	ES, WERE FINDII IFYING CAUSES (ES ]	NGS USED S OF DEATH?
29	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	19b COND  LYING 21b, TIME C HOUR A. EXAMINER)  21b, PLACE (AT HOME, STI	ITION FOR WHICH ( )F INJURY M. MONTH DA	OPERATIO Y YEAR 19	n was performed	200 AUTOPSY?  YES NO	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES ]	NGS USED S OF DEATH?
29	-	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICAL E  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (the sow the decepsed above, (ii) good (and	19b COND  LYING 21b, TIME C HOUR A. EXAMINER)  21b, PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 ARM ETC.) 2 9 M2	21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YE IN CERT Y Y IN ITEM 18.	ES, WERE FINDING CAUSES (ES TO PART 1 OR PART 2)  COUNTY  1929  our ond from the	NGS USED SOF DEATH? NO STATE
39	-	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTHEY MEDICAL E  21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the decepsed obove, (I) (ME) and 22b. SIGNATURE	IPIN COND  IPING   21b. TIME C HOUR A. EXAMINER)  21c. PLACE (AT HOME. STI Dis hospitol) oftended the office on 12 June Oldid not view the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 ARM ETC.) 2 9 M2	211. LOCATION 211. LOCATION STREET  211. LOCATION DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YE IN CERT Y Y IN ITEM 18.	ES, WERE FINDING CAUSES (ES DEPART 1 OR PART 2)  COUNTY  19 2 0  224 DATE	NGS USED SOF DEATH? NO STATE
28 92	-	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTHEY MEDICAL E AT WORK NOTH WHILE AT WORK  22a. I certify that (I) (the sow the deceased obove, (I) (we) (and the sow the deceased obove, (I) (the sow the deceased obove, (I) (the sow the deceased obove, II) (the sow the deceased obove, III) (the sow the deceased obove,	IPIN COND  IPING   21b. TIME C HOUR A. EXAMINER)  21c. PLACE (AT HOME. STI Dis hospitol) oftended the office on 12 June Oldid not view the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA  Les deceased from 2  Mills 19 7  Office death	Y YEAR  19 ARM ETC.)  2.9 M.2	211. LOCATION 211. LOCATION STREET  21. 10 27 and that in (my) Jour) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  deoth occurred on the do	20b. IF YE IN CERT Y Y IN ITEM 18.	COUNTY  19 74  19 74  220 DATE  May	NGS USED 6 OF DEATH? NO STATE that (I) (we) couses stated 25, 19
200	WEDICAL WEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTHEY MEDICAL E AT WORK NOTH WHILE AT WORK  22a. I certify that (I) (the sow the deceased obove, (I) (we) (and the sow the deceased obove, (I) (the sow the deceased obove, (I) (the sow the deceased obove, II) (the sow the deceased obove, III) (the sow the deceased obove,	DN 19b COND  LYING   21b, TIME C HOUR A. EXAMINER) P.  21c PLACE (AT HOME STI  Olive on 1.2 And the body  LE (TYPE DIMENTAL PROPERTY OF THE COND  LE (TYPE DIMENTY OF THE COND  LE (TYPE DIMENTY OF THE COND	DF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA  Cotter death  M. D  23( N	Y YEAR  19  ARM. ETC.)  2 9 M.2  7 of	211. LOCATION 211. LOCATION STREET  21. 10 27 and that in (my) Jour) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NO RED CITY OR TOW CITY OR TOW  deoth occurred on the do  MEDICAL STAF DIRECTOR PHYSIC	20b. IF YE IN CERT Y Y IN ITEM 18.	county  1974  1974  220 DATE  May	NGS USED SOF DEATH? NO STATE that (I) (we) couses state 25, 19

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

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160

CERTIFICATION

MEDICAL

WHILE

226. SIGNATURE

## STATE OF MARYLAND

FOR STATE REGISTRAR			D	EP ART N	CERTIFICA			REG.	NO. 7	Q	10	99	9
I. DECEASED NAME (TYPE OR PRINT)	FIRST		WIDDLE		LAST			20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	JR
	CHARL	ES	Α.	P	ERSONE	TTE			5	6	79	11:	50/
3. SEX	100	4 RACE			5 DATE OF BIR	₹TH		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UND	ERIYEAR	IF UNDE	R 24 HR
MALE		WHI	TE		5	18	05	73	YRS	MONTHS	DAYS	HOURS	MIN
OUNTRY)	E OR FOREIGN	76 CITIZEN	OF WHAT CO	UNTRY?	MARRIED A	NEVED 44	400E0 [	9 BALTIMORE CITY	OR COUNT	TY OF D	EATH		
Maryla	nd	U.	S.A.		WIDOWED [		ORCED	BALTIMO	RE CO	TNUC	'Y		N
10 CITY OR TOWN OF	FDEATH		OF HOSPITAL,					12a USUAL OCCUPA		12b	KINDO	F BUSIN	ESS O
TOWSON		GREAT	ER BAL	TO.	MEDICA	L CE	NTER	Clerk	OF WORKING	LIFE) IN	B &	O RI	R
USUAL RESIDENCE (# 130 STATE Maryland	13b COL		13c. CITY (	OR TOWN	N 13d.	INSIDE CIT	TY LIMITS?	13e STREET ADDRESS	lock R	d			

aryland	Baltimore	Towson	YES NO X	62 Murdo	ck Rd	
Presley	MIDDLE Per	sonette	15. MOTHER'S MAIDEN NAM	MIDDLE	Beva	ans (AST
WAS DECEASED EVER IN ( YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-05-0918	17 INFORMANT Mrs Lorett	a Personett		ame
Conditions, if any, what gove rise to immedi	CAUSED BY: MEDIATE CAUSE (a)  DUE TO, OR hich iote  (b)		ST, PAT, ATR	IAL FIB./	LUTTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  R  5/3 &5/6
			TERY DISEASE NOT RELATED TO THE TERMIN		ITION GIVEN	IN PART 1(a)
190 DATE OF OPERATION	20b. IF YES, W IN CERTIFYIN YES	WERE FINDINGS USED ING CAUSES OF DEATH?				
21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART I	OR PART 2)
21d INJURY OCCURRED			211. LOCATION STREET	CITY OR TOWN	4 (	COUNTY STATE

nating physicion and completely filled in by the funeral director, page corbon papers. Pages 1 and 2 should be filed within 72 hours after de-it, or removal. signed by the ottending physicion orothe certificate has been for use as the burial-transit permit. I of Health and Mental Hygiene prior morked or hem 18 should be detoched for use with the Stote Dept. of Hec MPORTANT: If Hem 21 is retoined by the hospital

BP.

DHMH - 16 60M 7/73 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

NOT WHILE

220.1 certify that (X(this haspital) attended the deceased from saw the deceased alive on 5-6 19

23b. DATE 5/9/79

t view the bady after death.

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley

DEGREE

ATTENDING PHYSICIAN

79

M.G. FORMAN, M. D670

MEDICAL STAFF

23d LOCATION CITY OF TOWN
Baltimore, Maryland

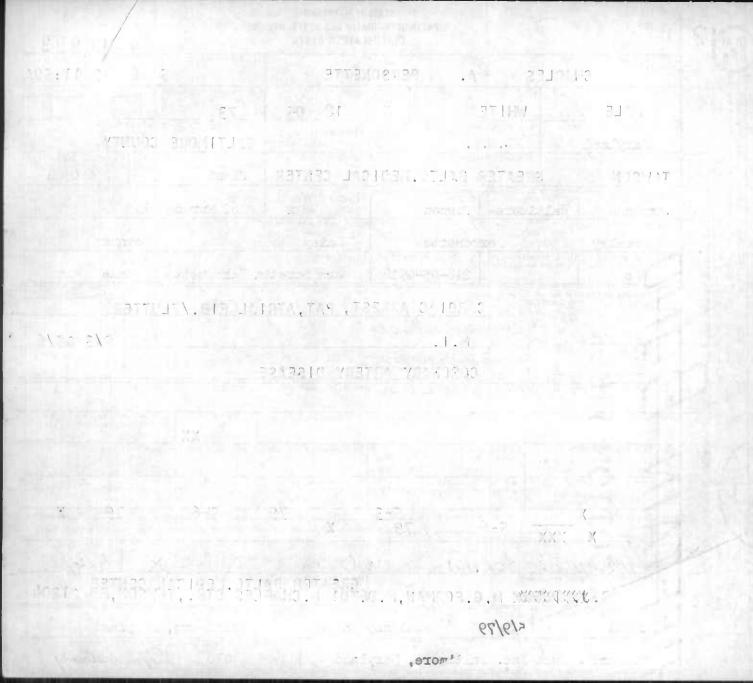
224. DATE SIGNED

STATE

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

25a. DATE REC'D

and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated



anding physician and campletely filled in by the funeral discrepangers. Pages I and 2 should be filed within 72 ha

should be detached for use as the burial-transit permit. Then please remove carbangaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the

# STATE OF MARYLAND

79-1100
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	1	STATE			DEPARIN	MENT OF H	EALTH AND MENTAL HYG	TENE	7.0	110	0 0
	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o. 19	-110	JU
		CEASED NAME OR PRINT)	FIRST		MIDDLE	0	AST ,	20 DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
			5/201	nA	/	6	KERING	/	MAGI	0 1972	10 FM
	3. SEX			RACE		5 DATE C		6 AGE   IN YEARS LAST BIRT		UNDER LYE R IF UN	NDER 24 HRS
	2 20	FEMAL		WHIT		MAY		86	YRS.		
0	/o. BII	RTHPLACE (STATE OR FO	OREIGN 71		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O			
1	10 61	TY OR TOWN OF DEA	A TIM	US.			DR OTHER INSTITUTION	BALTIM	ORE CO	UNTY 12b KIND OF BUS	MD.
9		PIKESVILLE		I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
9		AL RESIDENCE (IF NURS	-		SVILLE NU		HUME	HOUSEWI	FE	AT HO	ME
7	M	ARYLAND	136 COUNT	Y	BALT IMO	N		13e STREET ADDRESS 3903 CLAR	INTH R	D. #2121	5
	14 FA	THER'S NAME	T	ERSON	TAIASIDDG		15 MOTHER'S MAIDEN NAM	ME		LAST	
1		THOMAS			JACOBS		ANNABELLE			HUDGI	NS
2	16a //	VAS DECEASED EVER (ES, NO OF UNKNOWN)	IN U.S. ARM		166 SOCIAL SECU 219-10-8		17 INFORMANT	ADDRE		#21215	
		NO			219-10-0	0/4	LEONARD HAR	MAIZ, ATTY.	3903	CLARINTI	
		18 CAUSE OF DEAT PART I. DEATH W	H Enter only	one couse per BY	line for (o), (b), on		#			BETWEEN ONSET	AND DEATH
		11200	IMMEDIATE	CAUSE (0)	cara	iac	avece			0	
1		4272		DUE TO, OI	R AS A CONSEQUE	NCE OF				F-10-74	
1		Conditions, if any, gove rise to imm	mediote	(b).	1050	0 /-					
		couse (a), statin underlying couse		1	R AS A CONSEQUE	NCE OF					
		PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
	NO.	ATTENDED TO		C	OPD.						
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS L	
	RTIF					50		YES NO	YES [	□ NO	0 🗆
		OR CONTRIBUTING		HOUR A.	finjury M. Month Da	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	I IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.		19					
	MED	21d INJURY OCCURE	HILE 🗀	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
1		AT WORK AT WO	ORK -				2111 33	07	7	20	-
	GI.	22a.l certify tho	ed olive on	U	24 102	9 00	id that in (my Cour) opinion a	to he do	te and hour o		(I) (we) lost
		22b. SIGNATURE	did ded not	view the body	ofter death.	(	DEGREE			Tage DATE SIGN	
		1	-	Con		MA	ATTENDING PHYSICIAN P	MEDICAL STAF		5/7/	20
		22d. PHYSICHAN'S NA	AME ITYPE ORP	RmyT)		00	22e. ADDRESS	DIRECTOR   FITTS	100	177	2117
		Stran	7 (1	055			102195-	Dultiel	ded,	Durings	Mills
	230 B	URIAL, CREMATION, PECIFY) CREMA		MAY 8		OUDON	EMETERY OR CREMATORY PARK	23d LOCATION LIVER TOWN BALTIMO	DE CC	MARY LA	STATE
					,	- 22 211		DAUI INO	IV.L.	PLANT	ANU

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending phy

DHMH - 16 50M 1/76 (VR A 15 (4))

SOL LEVINSON & 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD., BALTO., MD 21215

250 DATE REC'D. BY REGISTRAR 250, REC STRARS SIGNATURE -

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	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	retoined by the hospital or attending physician

			FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9-1100	
noy be			CEASED NAME FIRST OR PRINT)	laid	e E. F	il	sch	20. DATE OF DEATH MONTH	9 1479 1	130A
ge 4 mo	9 3	SE)	Female	- A. RACE	1	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		URS MIN
of P	5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	75 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY <u>or</u> COU Baltimore		MD.
rs ofter d by the fu filed with	90	_	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING HACILITY, GIVE STREET	ADDRESS)	nter	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Billing Cler		SINESSOR
24 hou suld be must be	3	130 5	AL RESIDENCE (IE NURSING HON TATE 138 CC	E OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 4102 Southe		
mpletely ond 2 sho	200	-	THER'S NAME FIRST John	MIDDLE	Pilso		15 MOTHER'S MAIDEN NAM		Herrm	
e execution on a confidence of the confidence of	5	16a V	VAS DECEASED EVER IN U.S. EES, NO OR UNKNOWN) (1E YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT Charles R.	ADDRESS Coxer' 402 G	arrett Bu	ilding
that the death certificate b d by the attending physicial ease remotion, or removal. of cremation, or removal.	2		18 CAUSE OF DEATH lente PART I. DEATH WAS CAI IMMED Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last	DUE TO,	De hyd ra De hyd ra De AS A CONSEQU Probate DR AS A CONSEQU	ENCE OF	ĺs.		APPROXIMATE BETWEEN ONSE Doy; Days	INTERVAL AND DEATH
The low requires the form of the low requires the hos been signed is the permit Then plet green prior to burious shows only injury, or		CERTIFICATION	Senile 190 Date of Operation	deman 196 CONE	TION FOR WHICH	M	ultiple Small N WAS PERFORMED	200 AUTOPSY? 206. IN CI	FYES, WERE FINDINGS ERTIFYING CAUSES OF I	
HYSICIAN. Iding physics certifics buriol-tron I Mentol Hy or Item 18	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIEY MEDICAL EXAMINATION OF COURREST WHILE	DEATH HOUR A	OF INJURY M. MONTH D M.  OF INJURY  TREET, FACTORY OFFICE,	19	211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEA	w 18, PART 1 OR PART 2)  COUNTY	STATE
to R ATTENDING the hospital or of DIRECTOR: After fached for use os E Dept. of Health H tem 21 is mort			220. I certify that the control of t	X 1 19 A	he deceosed from	Nove 19	d that in (our) opinion of DEGREE  ATTENDING	death occurred on the date and	haur and fram the cause	
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT.	/		Marc I.	Leavey	m		7600 Osle	Drive, Tows	4.0 0.0	04
BP		I	URIAL, CREMATION, REMOVED PROJECTLY)  BURIAL  UNERAL DIRECTOR  NAME	5/11	laur .	10000	od Cemetery	Parkville  REC'D BY PEGSTRAR 256.	COUNTY Baltimor GIS BAR'S SCHAMRE	e Md.
(VR A 15 (4))	L	La	ssahn Funer	ral Home		Be1	air Road NA	111 1919	/	_

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low requires that the death certificate be executed within 24 hours after

TO HOSPITAL OF ATTENDING PHYSICIAN. The retoined by the hospital or ottending physician.

#### STATE OF MARYLAND

	1	FOR		DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	IENE	2 0	111	107	
	1	REGISTRAR			CERTIF	ICATE OF I	HTA3	REG.	NO / 9	1-111	102	
Н		CEASED NAME FIRST		MIDDLE	. (	AST		28 DATE OF DEATH	-	OAY YEAR	26. HOUR	-
- 1	(TYPE	WALTER		W.	PIF	INES	SR.		5	7 79		AA
-1	3 SE		4 RACE		S. DATE C	OF BIRTH	J10.	6. AGE IN YEARS LAST E	IRTHOAY)	# UNGER I YEAR	IF UNDER 24	HRS
		MALE	WH	TE	MONTH 7	T DAY	YEAR 1	64		MONTHS DAYS	HOURS M	MIN
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9 BALTIMORE CITY	OR COUNT	Y OF DEATH		_
10		ountry) [aryland	USA		MARRIE	D X NEVER	VORCED	DALTIMO	DE 00			
4			11. NAME OF	HOSPITAL, NURSIN	G HOME C			BALTIMO	TION	12b, KIND (	OF BUSINESS	MD.
2	10	TOWSON		DSEPH HO		ΔΙ		Foreman	OF WORKING L		. Ste	27
4	ÚSU.	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION			AL .		roremen		Deci	. 200	正工
5	-13a S	STATE 136 COUN	imore	Perry H	N	13d INSIDE C	NO 1			nd Driv	re	
	14_FA	ATHER'S NAME	MDDIF	LAST			MAIDEN NAM	WE		LA	47	
6	C	harles F. Plei	nes			Mary		ager			31	
٦	16a V	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMA		ADD	RESS			
Н	- (	NO (F YES, GIVE	WAR OR QATES	212-01-	9216	Sarah	A. Ple	ines 4127	Loch	Lomand	Dr.	212
١		18 CAUSE OF DEATH (Enter onl	v one couse ne			ma			2001		ONSET AND DE	A THE
1		PART 1. DEATH WAS CAUSED	BY.	11116 101 (01), 10 , 011		Allel	7			11	UNSET AND DE	NIII.
		IMMEDIAII	E CAUSE (o)			10	0			- 1		
		Cardinary St. 111	DUE TO, O	R AS A CONSEQUE	NCE OF	///	5 6	00		1 4	en	
		Conditions, if any, which gove rise to immediate	(b)_			10			-			_
П		couse (a), stating the underlying couse last	DUE TO, O	RAS A CONSEQUE	NCE OF	(Ka	11/10	,, 7. 8	2	1//	nem	1
		PART 2 OTHER SIGNIFICANT C	(5)	ON LT DIRECT TO 1	DE A THE BLUY	V DELAYER	7000			2/521 11/ 2/27/1		_
1	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO L	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NUITON GI	IVEN IN PART I	101	
Н	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?	1206 IF YE	ES, WERE FINDI	NGS LISED	_
2	IFIC				0.5				IN CERT	IFYING CAUSES	OF DEATH?	)
1	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME C	F INTERY		Tale HOW IN	ILIDY OCCUPE	YES NO NO RED (ENTER NATURE OF IN		ES	NO 🗆	
		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	YEAR	111.11011111	JOHN OCCORR	LED TENTER WATORE OF IN	TORT IN HEM 10.	PART TORPARTZ)		
	S	(IF EITHER, NOTHY MEDICAL EXAMINER)		M.	19	21/ 105171						
	MEDICAL	21d INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	21F LOCATIO	)N	C (TY OR T	OWN	COUNTY	STATE	
		AT WORK NOT WHILE										
		270.1 certify that (1) (this hospit					. 19	, to			that (I) (we)	,
		sow the deceased alive on a above, (1) (well-third indicate)	new the body	Iteardeath.	or	nd thot in (my)	(our) opinion o	death occurred on the	date and ha	our and from the	couses stote	d
		226. SIGNATURE	11	//		DEGREE				22c. DATE	SIGNED	
	1	114		Re	1-1		PHYSICIAN [	DIRECTOR PHYS	AFF SICIAN	May	7. 19	79
		224 PHYSICIANS S NAME THE DE	PRINTS			22R ADDRES	5					
	-	-										
╛	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	REMATORY	23d LOCATION				=
4	-	Burial	May 1			od Cem		CITY OR TOWN		COUNTY	STATE	
	24 FI	UNERAL DIRECTOR	1 Fler A T		STRMC	ou ver		Baltim EREC'D. BY REGISTRA		TRAR'S SIGNA	TURE	—
	Di	ppel Brothers,	Tno	ADORESS	adu Di	23.20	111	AY 8 1979	No.	Ay do	Buch	
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DHMH-16 20M (VRA 15, 4) 7/7B

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must be partitled of once. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the forest should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled writin 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

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injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc.

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and conshould be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	J		- 1	- 6	0	-	-

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	( )	110	0 0		
	EASED NAME	FIRST	٨	AIDDLE	l	AST			DAY YEAR	2b. HOU	JR	
(11120	-	MARY		K.	P0	LLARD	May 26	, 1979	9	7:45 A		
3 SEX		18/17/	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	(YADAY)	MONTHS DAYS	HOURS	MIN	
	Female		Caucas	ian	Dece	mber 13, 1916	62	YRS	MONTHS DATS	HOOKS	MIN	
7a BIR	THPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	Y OF DEATH	1		
	Maryland		USA	Bill Street	WIDOWE		Baltimore	Count	ty		MD.	
_	y or town of de owson		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	St., 21204	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife		FE) 126. KIND ( INDUSTRY Hom		ESS OR	
13a ST	RESIDENCE (IF NUR ATE aryland	13b COU	rotherinstitution. NTY timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Stonelei	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7027 Kenl	eigh F	Rd.			
14 FAT	Leroy Ri	ce	MIDDLE	LAST		15 MOTHER'S MAIDEN NAMER FIRST Catherine	MIDDLÉ	95	ŁA	ST		
	AS DECEASED EVER		MED FORCES?	16h SOCIAL SECU		17 INFORMANT	ADDR	ESS				
(12	No	(11 123, 311	E WAR OR DATES	216-05-7	880	Edward D. Pol	llard Sr.	San	ne			
	8 CAUSE OF DEAT	TH (Enter or	nly ane cause per	line for (o), (b), onc	dici				APPRO: BETWEEN	ONSET AND	RVAL DEATH	
	PART I. DEATH V		TE CAUSE (0)	Pulmona	ary E	dema			Hr	s.		
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  Congestive Heart Failure  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Severe Coronary Artery Disease  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									Hrs.		
	PART 2. OTHER SIG	NIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0		
MEDICAL CERTIFICATION	9a. DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE ES X		TH?	
CAL CER	21b. ACCIDENT WAS UNDERLYING 21b. TIME O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			M. MONTH DAY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18, F	PART 1 OR PART 2)	B.,		
	WHILE NOT WAT WORK AT W	VHILE ORK	21e PLACE (	OF INJURY BEET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN	COUNTY	SI	TATE	
	22a.l certify that (I sow the decea obave, (I) (we)	sed olive or	1/ 0	6 19	79	nd that in (my) (aur) apinion of	to May death occurred on the d			that (I) (		
	Marya	ext	Allow	· Ill	0.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			6/79		
	22d. PHYSICIAN'S N Margar	Mallax.	Dobson,			220 ADDRESS 6701 N. Char		, Balı	timore	21204	4	
23a. BU	IRIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		ATE	
	Burial		May 29	,1979 Dul	laney	Valley Mem.	Cockeysvi	lle, I	Balto.,	Md.		

ADDRESS 6500 York Rd.

Baltimore, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

Add 4

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July costs (all 1865) and other constant of the authorized

ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician

### FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1100	1.
	4

1									REG. N	10.		
		CEASED NAME	FIRST		MIDDLE	L	LAST		26 DATE OF DEATH		AY YEAR	26 HOUR T
	(TYPE	OR PRINT)	SIDNEY				MER		MAY 11	1, 1979		4.30
	3. SE	Х		4 RACE		S. DATE C		4540	6 AGE (IN YEARS LAST BI		WE UNDER I YEAR	
		MALE		WHI	ΓE	APR	TL 8°, 191	9"	60	YRS.	ONTHS DAYS	HOURS MIN
7 1		RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARE	RIED [	9 BALTIMORE CITY	OR COUNTY	OF DEATH	State of the last
55	I	MARYLAND		U	SA	WIDOWE		CED XX	BALTIN	MORE CO	UNTY	
nn	10 C	ITY OR TOWN OF [	EATH		HOSPITAL, NURSING		OR OTHER INSTITUT	ION	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	12b. KIND	OF BUSINESS O
		BALTIMORE			ARSHE DR.	APT	. C-2		DIST	RIBUTOR	JALUM.	SIDING
24					GIVE RESIDENCE BEFORE		13d. INSIDE CITY		13e STREET ADDRESS	WIE DD	#2121	_ ~
		MARYLAND ATHER'S NAME	_ ba.	lto.	BALTIMO	RE	15 MOTHER'S MA		6940 MARS	DUE DK.	API.	. 62
12/		FIRST MAX		MIDDLE	POMERANTZ		FIRST		MIDDLE	R	UBINST	PETN
	160 V	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	LDIC	ADDR		ODINO	
1		YES, NO OR UNKNOWN)		-ARMY			JEROME P	OMER	7435 ROCK	RIDGE	RD. #	21208
		LI CAUSE OF DE	ATH (Enter of	ly one couse ner	line for (o), (b), and	luca -	100000					XIMATE INTERVAL
		Conditions, if a gove rise to couse (a), sto underlying co	immediate oting the	DUE TO, O	ACUTE RAS A CONSEQUE	NCE OF	LYOCAR		INFARC	TION	5	MINIS
2	CATION	gove rise to couse (a), ste underlying co PART 2 OTHER S	immediate oring the use lost	DUE TO, O  (c)  CONDITIONS CO	RAS A CONSEQUE PATES ONTRIBUTING TO D NFAXCT;	NCE OF RIDSO DEATH BUT	CLERATIC NOT RELATED TO	THE TERM	INFARE HENXT D INAL DISEASE OR CON VENTARVE 200 AUTOPSY?	NOTION GIVE	BKILL,	ATION
3	RTIFICATION	gove rise to couse (a), strunderlying co	immediate of the use lost IGNIFICANT (	DUE TO, O  (c)  CONDITIONS CO  HADIM /	RAS A CONSEQUE PRICE ONTRIBUTING TO D PARCY; ITION FOR WHICH (	NCE OF RIDSO DEATH BUT	CLERATIC  NOT RELATED TO:  12/78  N WAS PERFORME	THE TERM	HENZT DINAL DISEASE OR CONVENTARY.  200 AUTOPSY?  YES NOW	NOTION GIVE AR F 20b. IF YES, IN CERTIFY YES	WERE FIND VING CAUSE	ATTOY INGS USED
2	CAL CERTIFICATION	gove rise to couse (a), ste underlying co	immediate the use lost light l	DUE TO, O  (c)  CONDITIONS CO  196 COND  216, TIME O  HOUR A.	RAS A CONSEQUE  RAFTE  DITRIBUTING TO D  REAL CT  ITION FOR WHICH IT  OF INJURY  M. MONTH DA	NCE OF RID SO DEATH BUT OW OPERATION	CLERATIC  NOT RELATED TO:  12/78  N WAS PERFORME	THE TERM	INAL DISEASE OR CON VENTRICUL 200 AUTOPSY?	NOTION GIVE AR F 20b. IF YES, IN CERTIFY YES	WERE FIND VING CAUSE	MGS USED S OF DEATH?
3	MEDICAL CERTIFICATION	gove rise to couse (a), to underlying countrying compared to the part 2 others of the part 2 others of the part 2	immediate ting the use lost IGNIFICANT (  4 4 C A  RATION  UNDERLYING  CAUSE OF DE	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  ATH  P.  21e PLACE	RAS A CONSEQUE  RAFTE  ONTRIBUTING TO D  AFARCT  ITION FOR WHICH (	DEATH BUT OPERATION  YEAR  19	CLERATIC  NOT RELATED TO:  12/78  N WAS PERFORME	THE TERM	HENZT DINAL DISEASE OR CONVENTARY.  200 AUTOPSY?  YES NOW	NDITION GIVE AR 20b. IF YES, IN CERTIFY YES	WERE FIND VING CAUSE	MGS USED S OF DEATH?
3	-	gove rise to couse (a), to underlying countrying country in the co	immediate ting the use lost IGNIFICANT ( U 90 CA RATION  UNDERLYING CAUSE OF DEA DICAL EXAMINER) URRED TWHILE WORK  Ith (this hospi	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  196 COND  216. TIME CO HOUR A. HOUR A. HOUR A. CATHOME, STO  210. PLACE (AT HOME, STO  210.) attended the	R AS A CONSEQUE  PARTY  ONTRIBUTING TO D  PARCY  ITION FOR WHICH (  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  e decrosed from  19	NCE OF REATH BUT OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO 12/78 IN WAS PERFORME  21c. HOW INJURY  21l. LOCATION  STREET  1 ond that in (my) (our)	THE TERMINATE OF THE TE	NAL DISEASE OR CONVENTARIAL  200 AUTOPSY?  YES NO SE  ED (ENTER NATURE OF INJI	ADITION GIVE  20b. IF YES, IN CERTIFY YES  JRY IN ITEM 18, PA	WERE FIND TING CAUSE TI OR PART 2)  COUNTY  9 7 9  ond from the	ATTOM INGS USED S OF DEATH? NO  STATE
	-	gove rise to couse (a), to underlying couse (a), to underlying country in the country in the country was or contributing (in either, notify and twork at work at country in the country in	immediate ting the use lost IGNIFICANT ( U. 40 C.A  RATION  UNDERLYING CAUSE OF DE. DICAL EXAMINER) URRED TWHILE WORK  III (this hospicosed alive on	DUE TO, O  (c)  CONDITIONS CO  196 COND  216, TIME O  HOUR A.  P.  21e PLACE (AT HOME, STO	R AS A CONSEQUE  PARTY  ONTRIBUTING TO D  PARCY  ITION FOR WHICH (  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  e decrosed from  19	NCE OF REATH BUT OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO 12/78 IN WAS PERFORME  21c. HOW INJURY  211. LOCATION  STREET  10 and that in (my) (our)  DEGREE  ATTEM PHYS	OCCURR	NAL DISEASE OR CONVENTALIZATION AUTOPSY?  YES NO SED (ENTERNATURE OF INJURE)  CITY OR TO	NOTITION GIVE  20b. IF YES, IN CERTIFY YES  UNITEM 18, PA	WERE FIND TING CAUSE TI OR PART 2)  COUNTY  9 7 9  ond from the	MIGS USED S OF DEATH? NO STATE
29	MEDICAL	gove rise to couse (a), stounderlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterlying counte	IMMEDIONE OF THE CONTROL OF THE CONT	DUE TO, O (c) (C	R AS A CONSEQUE  PARTY  DITTIBUTING TO D  PARCY  ITION FOR WHICH (  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  e decrosed from  19	NCE OF RID SCEATH BUT OW OPERATION 19 ARM, ETC.)	NOT RELATED TO:  12/78  IN WAS PERFORME  211. LOCATION  STREET  211. LOCATION  DEGREE  ATTEM PHYS  22e ADDRESS  350	OCCURR OCCURR OCCURR	PARTOR OF TOUR OF THE PROPERTY OF TOUR OF TO	NDITION GIVE  20b. IF YES, IN CERTIFY YES  WIN  AFF  CIAN	WERE FIND TING CAUSE TI LORPART 2) COUNTY  9 7 9 ond from the	INGS USED S OF DEATH? NO STATE , that (I) (we) e causes stated
	MEDICAL	gove rise to couse (a), to underlying couse (a), to underlying country in the country in the country was or contributing (in either, notify and twork at work at country in the country in	IMMEDIONE OF THE CONTROL OF THE CONT	DUE TO, O (c) (C	R AS A CONSEQUE  R AS A CONSEQUE  PARTY  DITION FOR WHICH (  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  e decrosed from  SIT deoth.	NCE OF RID SCEATH BUT OW OPERATION 19 ARM, ETC.)	NOT RELATED TO 12/78 IN WAS PERFORME  216. HOW INJURY  211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS 350  EMETERY OR CREM	OCCURR OCCURR OCCURR	PARTITION OF THE PROPERTY OF TOWN BALTO.,	20b. IF YES, IN CERTIFY YES	WERE FIND (ING CAUSE)  COUNTY  9 7 9  ond from the  22c. DAT	ATION INGS USED S OF DEATH? NO STATE , that (I) (we) I e causes stated E SIGNED //3/79

DHMH - 16 50M 7/77 (VR A 15 (4))

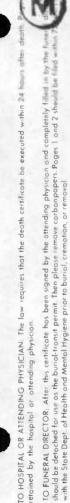
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10011-01 Mile was written a successful to the same of the same of the THE RELIGION OF THE RESERVE THE SECOND PROPERTY OF THE PERSON OF THE PERSO the later of the second THE MENT OF BUILDING STONE WALLESTAN - KEINS

#### STATE OF MARYLAND

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C	NO	0						

1.	FOR STATE REGISTRAR			DEPARTI		ICATE OF DEATH	GIENE	REG. NO	79-	-1101	05
	CEASED NAME	FIRST		MIDDLE		IAST	2a DATE C	FDEATH	MONTH	DAY YEAR	26 HOUR
1111	Charle	es		м.		Powell	5/30	0/79			1:35PM M
3 SE	X		4 RACE		S. DATE C			EARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
M	ale		White		Nov.	14, 1944 YEAR	34		YRS	IMONTHS DAYS	HOURS MIN
7a 8	IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMO	ORE CITY O	R COUNT	TY OF DEATH	
	Maryland		U.S.		WIDOWE	DIVORCED	_	imore		ty,	MD.
10 C	ITY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS1	eddire Instruction	TYPE OF WO	OCCUPATE RK FOR MOST OF	F WORKING	LIFE) INDUSTRY	
	wson		6701 N.	Charles	St. 2	21204	Wareh	ouse 1	Manag	get Carp	et Fair
13a M	aryland	136 COUN		13c. CITY OR TOW Towson		134 INSIDE CITY LIMITS?		ADDRESS Aigbu:	rth F	Road	
14. F.	ATHERS NAME FIRST Herbert		MIDDLE	Powel1		15 MOTHER'S MAIDEN NA FIRST Frances	AME	MIDDLE		Bayr	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECL	RITY NO	17 INFORMANT		ADDRE	SS		
	Yes	Viet		220-42-	8741	Deborah M. P	owell	Same	as f	<i>‡</i> 13.	
	18 CAUSE OF DEATH PARTI DEATH W.  1519 Conditions, if ony, gave rise to imm couse (io), stating underlying cause	which	D BY TE CAUSE (o)  DUE TO, O	Generaliz	zed ca ENCE OF a of t	arcinomatosis	ith me	tastas	es		onths
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	AINAL DISEAS		20b. IF Y	ES. WERE FINDI	NGS USED
IFIC	7.50						YES 🗇	NOT		TIFYING CAUSES	S OF DEATH?
MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	P. 21e PLACE	M. MONTH D. M.	19	211 LOCATION STREET		40.00	LY IN ITEM 18	· ·	STATE
2	AT WORK NOT WH	ILE	- C   C   C   C   C   C   C   C   C   C					7			
	22a I certify that (I) sow the decease above [I] well id	d alive on	<u> </u>	e deceased from_ 179 after death		nd that in (my) (a <u>vr</u> ) opinion  DEGREE  ATTENDING PHYSICIAN	death occurr	STAF	6	22c DATE	SIGNED
1	22d. PHYSICIAN'S NA	ME (TYPE O	P.PRINT)			22e. ADDRESS	PLDIKECION	PHYSIC	IAN []	1 2/3	0/79
	S. Shafi						N. Cha	rles S	Stree	t, 2120	4
23a.	BURIAL, CREMATION, I			23c. ?	VAME OF C	EMETERY OR CREMATORY	23d LOC			COUNTY	STATE
	Burial		June 2		relan	d Mem. Park C	en. Pa	rkvil		Balto.,	Md.
	UNERAL DIRECTOR  NAME  UCK TOWSON	Fune	ral Home	ADDRESS 1	050 Y	ork Road 250 DA	TE REC'D. BY			STRAR'S SIGNA	



BP. DHMH - 16 60M 1/75 (VR A 15 (4))

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11006

7 L	1	REGISTRAR		MEL	JICAL EXAMINER	5 CERTIFICATE	OF DEATH REG. NO.	11000
		EASED NAME	FIRST		WIDDIE	· ACT - 7 -		INTH DAY YEAR 26 H
	11.11		Ann	E I	Matilda :	Powers	OF ESTI-	5-15 1979 6
3	SEX	4. F	ACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)			NTH DAY YEAR 2d. H
	Fe	emale	White	May 28.	1900 78;	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 5	-15 1979 4
1	7a BII	RTHPLACE (STATE	OR	76. CITIZEN OF WH	AT COUNTRY? 8.	AARRIED NEVER MARI	RIED 9. BALTIMORE CITY OR CO	UNTY OF DEATH
0	Ma	ryland		USA	A w	DOWED DIVOR	CED   Baltimore Con	
- 1		Y OR TOWN OF		11. NAME OF HOSE	PITAL, NURSING HOME, OF	OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WO	
		ex 21221			clin Avenue		Box Maker	Continenta
- i	30 S1	ATE yland	113b. COUN	TY	RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	_		Balti	more	Essex 21221	YES NO X		enue 21221
32	14. FA	THER'S NAME		MIDDLE	LAST D	15. MOTHER'S MAID	MIDDLE	LAST
7	fn W	AS DECEASED EV	FRINIIS AR	MED FORCES?	Bartell 1166. SOCIAL SECURITY NO	). 17 INFORMANT	Unknown ADDRESS Sar	mo
	{YE	S, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-50-6422		F. Powers, Sr., hus	
1				ly ane cause per line			2 101	APPROXIMATE INTER
		PARTIDEATH	WAS CAUSE	D BY:	D= 1000	Kets	acidoses	BETWEEN ONSET AND
		250	IMMEDIA1	DUE TO, OR	AS A CONSEQUENCE OF	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			if any, which					
		cause (a) sta	ta immediate ting the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE OF			
		lying cause l	ost.	(6)				
		PART 2 OTNER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN P	ART 1 o	
	NO							
0	CAT	190 DATE OF OP	ERATION	19b. CONDIT	ION FOR WHICH OPERATION	N WAS PERFORMED?		20. AUTOPSY?
7	RTIF							YES NO
3	MEDICAL CERTIFICATION	216 EXTERNAL C	OR		MONTH DAY YEAR	It. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	DR PART 2)
	DICA	CONTRIBUTING			DE INJURY (ATHOME, 2	f. LOCATION		
	ME	WHILE AT WORK	OT WHILE		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
		AT WORK A	WORK				A78 874	
				(V)		utapsy . Inspection	an 🔀 , Inquiry 🔀 , and in m	ny apinian
		death resulted f	rom: Natur	al causes ,	Accident 7 , Suicide		Undetermined manner,	, ,
		ACTUAL	ARY	To Ven	ala	TITLE (SPECIFY)	D/	ATE 5/15/2.
1		SIGNATURE	1010			_M.D.	MEDICAL EXAMINER SIC	GNED -
04		EXAMINER'S NAM	ME K . :	S. AHL	UWALIA	ADDRESS 2112	2. Dundalk Av	1 Ralt 212
7	30.BL	RIAL, CREMATIO			23c. NAME OF CEMETE		23d LOCATION	
	(5)	Buria	1 5	18-79	Gardens o	f Faith	Baltimore County	y. Maryland
1	1450	MELLAR DINEETO	1	From			REC'D. BY REGISTRAR 256. REGISTRAR	R'S SIGNATURE
1	3	uzdzinsk	1 Puner	Home P	A 1407 Old E	astern AveMA	Y 22 1979   Juight	y/ Credy

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	FO		a Film	G533 7/18/ DEPAR	79 ISTAT	E OF MARY	LAND MENTAL HY	GIENE				
19	- ST	ATE GISTRAR			EXAMIN		IFICATE OF	DEATH	REG. NO.	79-	1100	37
	DECE.	ASED NAME	FIRST	WIDDLE		LAST		OF	KNOWN X	MONTH D	AY YEAR	26 HOUR
NES.		Hubert		Rhyne		sswood			MATED	5 2!	5 1979	10:A
2 HO(	SEX M.	ale Whit	MOM	TE OF BIRTH THE DAY FOR 11 1914	6. AGE (IN YEA	Y) MONTHS DA	YR. IF UNDER 2	MIN PRONOU DEAL	NCED	5 2		5:50 P
70	BIRT	HPLACE STATE OR	7b C	TIZEN OF WHAT COU		8	NEVER MARRIE	9 BALTIA	AORE CITY OR			1
10	hor	HI CARolina		USA		WIDOWED [	DIVORCE	□ Ba	ltimore			MD
10	CITY	OR TOWN OF DEATH		AME OF HOSPITAL, N		OR OTHER INS	NOITUTIT	120. USUAL OCCU			OR INDUSTR	Y
113		Itimore Cou	nty	Home -	4A Reve	ré Ct.		PHOST OF WO	R	1	Juntin	1
	e. STA		Brit	R INSTITUTION, GIVE RESIDE	1 KKVIIIK		□ NO 🔀	13e STREET ADD	EVEKE	LIT		
30	FATH	JAMES (	P. Pro	Lowall	LAST	15. MG	CORDI	to Brand	HOYD		LAST	
1 16	Q WA	S DECEASED EVER IN L		ORCES? 16h SC	8-07-58	17 IN	FORMANT FRAM	14 Ricc	ADDRESS			
=	1	CAUSE OF DEATH (E	nter only one	couse per line for (o),	, ,	/7				T	APPROXIMATE BETWEEN ONSET	INTERVAL
1		PART I DEATH WAS	CAUSED BY: MEDIATE CAU	Acute		le drug	intoxic	ation			BETWEEN ONSET	AND DEATH
A I		1200	(	DUE TO, OR AS A CO	ONSEQUENCE O	)F						
2000		Conditions, if ony, gave rise to imm	nediote /	(b)	T							
		lying couse lost.	under-	DUE TO, OR AS A CO	ONSEQUENCE C	OF .						
1	P	ART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIE	(c) Buting to death but not ri	ELATED TO THE TERM	NAL DISEASE OR COM	NDITION GIVEN IN PART	10		1		-
	CERTIFICATION	6. DATE OF OPERATIO	N	196. CONDITION FO	R WHICH OPER	ATION WAS PER	RFORMED?				2D. AUTOPSY?	
4	RTIFI										YES 💢	NO [
		NDERLYING OR		HOUR A.M. MONT				iple dru		RT 1 OR PART 2)		
	3	ONTRIBUTING CAU		21e. PLACE OF INJUI	RY (AT HOME,	211. LOCATIO		Thre or	ga			
	ME	WHILE NOT WH		STREET, FACTORY, FARM	A, ETC.)	STREET	Rever Ct	. Balt	imore	COUNTY	Md.	STATE
				ne remoins described a	bove, held an	Autopsy X	, Inspection	, Inquir	, D, ond	in my opinic	on	
		deoth resulted f	Material con	nes . Acciden	1 Jan 30	cide X	Homicide .	Undetermined n	nonner .			
		CTUAL (	11/	201.1	16/15	T I	RE(SPECIFY)	nief		DATE	5/26	/79
-		IGNATURE	M	MAN	MAK	M.D. D	reputy of	TIEF MEDICAL EXA	MINER	SIGNED_	3/20	, , ,
24-	E (1	XAMINER'S NAME TH	nomas I	O. Smith, N		ADDRI	ESS 111	Penn St	eet			
23	30. BUR	PAL, CREMATION, REMO	OVAL 236. DA	TE 23	BATTUR!	METERY OR CRE	MATORY LA	23d. LOCATION	NIA ,	N. Carry	\$1	ATE
2		IERAL DIRECTOR	1 M	1 10000 11	FP			EC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGI	NATURE	
	1	AME FINESON	/ Hone	1 1 18 700 NA	KIOKO AU			MAY 21 10	170	untra	Malas	natur

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO	0		•	9	0	•

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	19-11000	
-	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	-
1	TYPE OR PRINT)  John	George	Raab	5-20-79 <b>9</b> :30 <sup>P</sup> <sub>M</sub>	
3.	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	
	Male	White	MONTH 260AY 1924	1 54 YRS MONTHS DATS HOURS MIN	
70	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH	
L	Balto. Md.	U. S. A.	WIDOWED DIVORCED	Roltimone Co	
10	CITY OR TOWN OF DEATH  Towson	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET St. Josephs Hos	NG HOME OR OTHER INSTITUTION		
U 1	SUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13. SIRÉEL ADDRESS 1205 Joppa, Md. 21085	
1	Nicholas	MIDDLE Raab	15 MOTHER'S MAIDEN Catheri	ine West	
10	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRESS 21085 Md.	
	yes W W	217-16-	-3019 Mrs. Marg	garet C. Raab.1205 Joppa Rd. Joppa	6
	Conditions if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO	JENCE OF ARTE	EREST  FRY DISEASE (D XMS-  SI'S /O XMS  TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200. AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO	
	OR CONTRIBUTING CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
	OR CONTRIBOTING CASE OF WELL CONTRIBOTION CO	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE	
	sow the deceased alive or	oitol) ottended the deceosed from, n19_ of ween the body after death		, to, that (1) (we) lost inion death occurred on the date and hour and from the cayses stated	
	Dant 4	. mmelson	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN   22c. DATE SIGNED	
	DANTE NO	MONAKILI		ON GEN. HOSP, FAILSTM MP	2
7	30. BURIAL, CREMATION, REMOVA (SPECIFY) Burial			esus Balto. Balto Md.	
]	F. Lassahn, 11	750 Belair Rd. Ki	LT00	MAY 2 4 1979 history helpedy	

DHMH - 16 50M 7/77 (VR A 15 (4))

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, th

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W-6 1 65-5-5		rant			
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		Minary .	AL . M. C.	comple., 11.7	

# death. Page 4 may be within 24 haurs after executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filed within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, the medical

notified of ance.

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPAR	CERTIFICATE		7 9 - 1	1009
	1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	114-11	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR a
	Leo	Edward	RABO	ORG	May 25, 197	9 12:18 M
	3 SEX	4 RACE	5. DATE OF BIRTH	DAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS
	Male	White	May 13,		62 YRS	DNIHS DAYS HOURS MIN
,	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8.	VER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
7	Maryland	USA	WIDOWED	DIVORCED	Baltimore Co	unty MD.
7	Ressville 21237	11. NAME OF HOSPITAL, NURS LIFNOT IN SUCH FACILITY GIVE STRI  Franklin Squa	re Hospita	L INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Truck Driver	12b. KIND OF BUSINESS OR INDUSTRY Oil Co.
1		PROTHER INSTITUTION, GIVE RESIDENCE BEF INTY 13 CITY OR TO ESSEX	21221   13d INS	] NO [ <b>X</b>	13e STREET ADDRESS 1550 Williams Av	ve. 21221
	14 FATHER'S NAME	MIDDLE LAST	15 MOT	THER'S MAIDEN NAM	WIDDIE WIDDIE	LAST
9		R. Raborg		Virginia	- Bake	
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	The same of the Board of	DRMANT	ADDRESS	
	No	- 219-05	-8580 The	lma L. Rab	org, wife Sar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, it any, which gave rise to immediate couse (a), stating the underlying cause last	(()	CLOSCLEYE DUENCE OF SP @ S C.	hie. Ca	redid Vascul	3
					IN AL DISEASE OR CONDITION GIVE	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS P	ERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
		HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LO	CATION	CITY OR TOWN	COUNTY STATE
	sow the deceased plive or	ortal) attended the deceased from  19 01) yiew the body after death.	79, and that in	, 19. <b>75</b> (my) (our) apinion d	to May 19 leath occurred an (ye date and hour	
	LI-	A weeksh	DEGREE		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	ORPRINT) WISH. M	1. D. 22e AD	CO F	RANKLIN S	o Hospilal
	THE BURIAL CREMATION, REMOVAL		NAME OF CEMETERY		23d. LOCATION	OUNTY STATE
4	Burial	5-29-79 H	olly Hill	Cemeterv	Baltimore Coun	tv. Marvland

1407 Old Eastern AveMAY 28 1979

DHMH - 16 50M 1/76 (VR A 15 (4))

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retained by the haspital ar attending physician.

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Martelly , which has to be a parter of the person of the p

executed within 24 hours ofter death. Poge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours oftwith the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

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injury, or other traumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

#### FOR 1 - STATE REGISTRA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-110		
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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(ITPE		ACIE		FLIZABET	Н	REED	MAY 14.	1979		+:25A M
3. SEX			4 RACE		5 DATE		& AGE (IN YEARS LAST 81		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	- 10	1	White	MONTH Z	3 1899	80	YRS	ONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	PA		USA		WIDOWE		BALTIN	MORE C	COUNTY	MD.
10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
T	OWSON	-/	SAIN			SPITAL	Retired-Ca			Theatres
	AL RESIDENCE (IF NURS	1136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	136 STREET ADDRESS	Jan 184		
	MD	Harfo	rd	Forest Hi		YES NO X	P.O. $Box$	#116, F	orest	Hill. MD
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		145	
	John		$D_{\bullet}$	Gehrin	g	Rose	Nilo Dec		Leono	ard
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT Mm	e Frantum R	ESS		
	No	-	•	219-34-2	107	3806 Brownhi	il Rd., Ran	datisto	own, MI	D 21133
	18 CAUSE OF DEAT			line for Lat, (b), and	l (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		E CAUSE (0)	ACUT	E MY	COCARDIAL II	NFARCTION			
	410-		DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if any		( 1b)							
	gove rise to ima couse (a), statir		DUE TO O	R AS A CONSEQUE	NCF OF					
	underlying couse	lost.	(c)							
7	PART 2 OTHER SIGN	NIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIVE	N IN PART 10	01
CERTIFICATION							The subject			
ICA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
RTIF							YES NO X	YES		NO 🗌
	210 ACCIDENT WAS UNI		216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	RT I OR PART 2)	
ICA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.		19					
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WO	NK.			Mass	1,	Moss	1),	70	
	22a I certify that X	(this hospi	tol) ottended the	e deceased from	May	12 19 /	9 to May	14, 10	9_/9	thot (i) (we) lost
	abave, (TX(we) (	did) (dd) (o	view the body	ofter death.		nd that in the (our) opinion	deoth occurred on the c	lote and hour		
	226. SIGNATURE	1	-			DEGREE M D	MEDICAL STA		22c. DATE	SIGNED H-79
	1	er JAIL				PHYSICIAN [	DIRECTOR PHYSI		] 3 -	-1-74
	22d. PHYSICIAN'S N		HRAKA HRAKA	· —		220 ADDRESS 8 W	ALTHAM W	CODI R	1, 2	1234
	KUSAY									
23a. B	URIAL, CREMATION,	_				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
	Burio		5/16/7		. 02.	ive Cemetery	Randallst	own Bo	altimo	re MD
	NERAL DIRECTOR					111.64	Y*ET 55 1979 AF	25b. RD -1	the said	Mary
87	28 Liberty	Rd.,	Kandal	istown, M	D=21	1133				

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# TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital ar ottending physician.

#### STATE OF MARYLAND

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	0505.055.115		A ID OLD		ICATE OF DEATH		REG. NO.	1 3	1 1	0
	DECEASED NAME FIRST		MIDOLE		AST	Ze. DATE	OF DEATH MON	TH OAY	YEAR	2b. HO
	Harr	У	Stanle	y RE	EESE		5	22	79	4:1
3 :	SEX	4 RACE		5 DATE O			N YEARS LAST BIRTHOAY		ERIYEAR	IF UNDE
	Male	Whi	te	MONTH	10 190		<	MONTHS	DAYS	HOURS
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 1		- 1 BALTI	MORE CITY OR CO	VRS.	EATH	_
· A	COUNTRY			MARRIED	NEVER MARRIED					
	Pennsylvania	USA	LIGGER AL ANDRES	WIDOWE			<u>ltimore</u> (			
-		(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION	ITYPE OF W	AL OCCUPATION ORK FOR MOST OF WOR	RKING LIFE) IN	KIND OF	
	Rossville /				ospital	Ele	ectricia	an Be	thle	ehe
US	SUAL RESIDENCE   IF NURSING HOME		136. CITY OR TOV		13d. INSIDE CJEYLIMI	TS2 112 STDE	ET ADDRESS			
5	Maryland /	alta	Baltim		YES NO		2 White	wav R	Road	
	FATHER'S NAME		1		15 MOTHER'S MAIDE					
30	Pomiomin	MIDDLE	LAST DOOR		FIRST No. 10		WIDDIE		LAST	1
14.	Benjamin was deceased ever in U.S.	ARMED ECREES	Rees	_	Minn:	re	ADDRESS		Tel	np1
1 130	TYES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR OATES)				D			_	
	No		213-07	<b>-</b> 9844	Carl E.	Reese	4730	) Meis		PIV
	Conditions, if any, which gave rise to immediate	(p)_	u filloflar y	anu a	bdominal t	ubercul	0515			
	couse to1, stofing the underlying cause last.	(c)_	or as a consequ Sepsis							
CATION	underlying cause last.  PART 2 OTHER SIGNIFICAN	T CONDITIONS C	Sepsis ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE		UTOPSY? 206	. IF YES, WER	E FINDIN	GS USE
TIFICATION	underlying cause last.  PART 2 OTHER SIGNIFICAN	T CONDITIONS C	Sepsis ONTRIBUTING TO	DEATH BUT			JTOPSY? 20b		E FINDIN	GS USE OF DEA
CALCERTIFICATION	PART 2 OTHER SIGNIFICAN  198 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING	T CONDITIONS C  196 COND  216 TIME C HOUR A	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AI	JTOPSY?   20b	LIF YES, WER CERTIFYING YES	E FINDIN	GS USE
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  198 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING	19b COND  19b COND  21b TIME C HOUR A FER)  21e PLACE	Sepsis Ontributing to Dition for which OF INJURY .M. MONTH D	DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED	200 AI	UTOPSY? 2006 IN IN O IN	O. IF YES, WER CERTIFYING YES TEM 18, PART I OR	E FINDIN	GS USE OF DEA
/	Underlying cause last.  PART 2 OTHER SIGNIFICAN  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF ILIFE CHIMER, NOTIFY MEDICAL EXAMINATION  218. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) this has saw the deceased alive obove, (I) (we) (dight dishtrict)	I T CONDITIONS C  I 96 COND  I 196 COND  I	ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  OF INJURY REET, FACTORY, OFFICE,  the deceased from,  22/ 19	DEATH BUT I	21t HOW INJURY OF	YES CCURRED (ENTER	JTOPSY? 200 IN	OF YES, WERT CERTIFYING YES TEM 18, PART I OR	E FINDING CAUSES ( PART 2)  UNITY  9 . tl	GS USE OF DEA NO [ s
/	Underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION AT WORK AT WORK AT WORK 220.1 certify that (I) this had sow the deceased glive.	I CONDITIONS C  I 96 COND  I 196 COND  A 110 TIME C  HOUR A  HEB)  210 PLACE (AT HOME. S)  The Uview the body	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  OF INJURY  OF INJURY  OF IREET, FACTORY, OFFICE,  the deceased from, 22/ y offer death.	DEATH BUT I	216 HOW INJURY OF	79 , to	UTOPSY? 20b IN IN NATURE OF INJURY IN II  CITY OR TOWN  5/22/  rred on the date o	COLUMN 19 7	E FINDING CAUSES ( PART 2)	GS USE OF DEA NO [ s
MEDICAL	Underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I  (IF EITHER, NOTIFY MEDICAL EXAMIN  210 I NJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN  270 I certify that (I) this has saw the deceased alive above, (I) (well did ratio)  270 SIGNATURE  ROSE GOHIEZ	I CONDITIONS C  I 96 COND  I 196 COND  I 1	ONTRIBUTING TO  ONTRIBUTING  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING   DEATH BUT IN OPERATION OF THE PROPERTY OF T	216 HOW INJURY OF STREET  211 LOCATION STREET  212 ATTENDI PHYSICI  222 ADDRESS  9000 Fra	79 . 10	UTOPSY? 200 IN  IN NO IN NATURE OF INJURY IN IT  CITY OR TOWN  5/22/ UTTED ON THE date of INJURY IN IT  AL STAFF  OR PHYSICIAN  Quare Dri	O. IF YES, WER CERTIFYING YES TEM 18, PART I OR	E FINDING CAUSES ( PART 2)  UNITY  9 . tl	GS USE OF DEA NO [ s hat (I) ( auses st	
230	Underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOITY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOI WHILE AT WORK AT WORK 22a I certify that (I) whis has saw the deceased alive obove, (I) (we) (dichtration  22b SIGNATURE	I CONDITIONS C  I 96 COND  I 196 COND  I 1	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  OF INJU	DEATH BUT IN OPERATION AND YEAR 19 FARM, ETC.)	211 LOCATION  211 LOCATION  STREET  212 ADDRESS  9000 Fra  EMETERY OR CREMATION	79 to_ DIRECTI  NG MEDIC AN DIRECTI  NKlin Sc  ORY 23d CC  Park Pa	UTOPSY? 200 IN  NATURE OF INJURY IN II  CITY OR TOWN  5/22/  Tred on the date of AL STAFF  OR PHYSICIAN  Quare Dri  OCCATION TO OR TOWN	COUNTY Ball	E FINDINICAUSES ( LPART 2)  UNITY  9 11  Irom the c 2c. DATE S	GS USS NO hat (I) auses SIGNE

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TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 shauld be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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TO HOSPITAL

with the State Dept. or neuritions are medical shows any injury, ar ather traumatic event, the medical examiNAPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event, the medical exam

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deoth. Page 4 may be

executed within 24 hours ofter

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	1	n	-	7
	3 -			U	1	6

	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	19-11	012
	CEASED NAME	FIRST	3,51	MIDDLE		LAST		MONTH DAY YEAR	2 P HOUR P
	CKPRINII	Marga	ret	В.	Rei	chert	May 11,	1979	5:37 N
3. SE	x Fema	le	1 RACE Ca	uc.	5 DATE (	OF BIRTH O/14/10 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
7a B	IRTHPLACE (STATE	OR FOREIGN	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED		ore Count	
	Towson		St.	Joseph	Hosp	or other institution	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Baker		D OF BUSINESS OR
ÚSÚ 130.	AL RESIDENCE (IF	136 COUN Ba.	OTHER INSTITUTION TY Lto.	136. CHY OR TOTO		13d INSIDE CITY LIMITS? YES NO 🔯	13e STREELADDRESS Bee	ch Ave.	
14 F	ATHER'S NAME FIRST	?^	NIDDLE	LAST	-514	15. MOTHER'S MAIDEN NAI	WE WIDDING	,	LAST
160	WAS DECEASED ET YES, NO OR UNKNOWN	VER IN U.S. AR/	MED FORCES? WAR OR DATES)	229-30-		17 INFORMANT Eugene Rei	chert (s	ess same)	
	18 CAUSE OF DE	EATH (Enter on	y one couse per	line for 101, (b), a	ind ici			APPS BETWE	POXIMATE INTERVAL
	PARTI, DEAT	IMMEDIAT	E CALISE (O) A	cute M	vocar	dial Infarc	tion		
	11/1	MINICEPIAI							
	4/0-		DUE TO, O	R AS A CONSEQU	UENCE OF				
-	Canditions, if	ony, which	( ,6)	Arterio	oscle	rotic Cardi	ovascular		
13	gove rise to	immediate	10,						
	cause (a), st		DUE TO, O	R AS A CONSEQU	UENCE OF			- 185	
	underlying co	ouse lost	( 10)	Disea	ase				
	DART O OTHER	IOMERCANT C	0.101710116.61		. D. F. A. VI. A. B. L. P.	NOT RELATED TO THE TERM			
NO	PART 2 OTHER S	DITION GIVEN IN PART	1(a)						
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	IDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
Ē	20.00						VEC NOTE	IN CERTIFYING CAUS	SES OF DEATH?
R				F It I II I III		Tal Harrison - a a con-	YES NOT		
Ü	210. ACCIDENT WAS			M. MONTH (	DAY YEAD	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART :	2)
A	OR CONTRIBUTING		111	M. MONTH I	19				
S	21d INJURY OCC		21e PLACE		19	21f LOCATION	<del></del>		
MEDICAL				REET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
`	AT WORK	T WORK							
	22n I cortify that	William hasnit	al) attended th	e deceased from	Anril	30 1979	Mav 1	1 10 79	_, that X (we) last
20	sow the dec	essed alive on	May 11	10	79	nd that in (Ky) (aur) apinian		ata and house as I form	
	obave, X (w	eosed alive on e) (did) (did od	view the bady	ofter death.	, 01	na mar in (22) (aor) apinan	deam accorred on the d	are and have and train i	rne causes stored
	22b. SIGNATURE					DEGREE		22c. DA	ATE SIGNED
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-	22d PHYSICIAN'S	and col	20 - 00	70,10	111	22e ADDRESS	DIRECTOR PHYSIC	IANKA	/11/79
	72d. PHYSICIANS	NAME (TYPE OF	PRINT)						
	DF-50					7620	York Rd.	21204	
720	BURIAL, CREMATIC	IN DEMOVAL	23b. DATE	122.	NAMEOFO	EMETERY OR CREMATORY	23d. LOCATION		
230	Burial	JIN, KEMOVAL	5/14				Balto.	Co. Md.	STATE
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	UNERAL DIRECTO					25a DAT	FREC'D. BY REQUISIONER	25b. Rutusayan a	Olidesandry
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DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, an ather troumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAYO BY BE 9979 256 REGELEGIE OF STREET

1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE REG. NO	79-1	101	3
{TYPE	CRASED NAME FIRST OR PRINT) MARIA		ATHERINER.	EINERS		MONTH DAY	79	26 HOUR M
3. SEX	F	1 RACE	5. DATE C	DE BIRTH DAY YEAR 1 1893	6. AGE (IN YEARS LAST BIRT	YRS		HOURS MIN
CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	77
_	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOME C	DROTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12 F WORKING LIFE) IN	76. KIND O	F BUSINESS OR
13a S	1001 000	13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN Illerton	13d. INSIDE CITY LIMITS?  YES \( \text{NONE} \text{NONE} \)	Housewife 13. STREET ADDRESS 8330 Be1			aking
14 FA	THER'S NAME FIRST George	WIDDLE	Meh1	IS MOTHER'S MAIDEN NAME FIRST	ME	-		ieder
	/AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SI E WAR OR DATES) 2	OCIAL SECURITY NO. 20-44-9399	S. Gertrude	Sauerbre			air Rd.
NC	PART I, DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT.	DUE TO, OR AS A  DUE TO, OR AS A  DUE TO, OR AS A  (c)  CONDITIONS CONTRIB	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT	not related to the term	inal disease or con	engralis,	PART 1(c	91
CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, WE IN CERTIFYING YES		
ICAL	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	P.M.	MONTH DAY YEAR	216 HOW INJURY OCCURR				
ME	WHILE NOT WHILE DAT WORK 220 I certify that (1) (this hosp		cosed from	STREET 19 76	city or tow	D 19_	OUNTY	STATE that (t) (we) last
	saw the deceased olive and obove, (I) (we) (did) fold not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	oi) view the body after our printing of the body after our printing	ROUN	9101 Frank	MEDICAL STAI (DIRECTOR PHYSIC	FF SAN .		causes stated
(5	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 5/14/79		er's Luth Ce	23d LOCATION CITY OR TOWN Fullert	on Ba	Îto,	Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN, The fow retained by the hospital or ottending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

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#### STATE OF MARYLAND

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FOR STATE REGIST	TRAR			DEPARTM		EALTH AND MENT			7 : G. NO.	9 - 1	10	14
1. DECEASED		IRST	WIDDLE			AST		20. DATE OF DEA	нтиом НТ.	DAY	YEAR	26 HOUR
	E	MMA	MA	E	RE	ENNER			5	10	79	8:50P M
3. SEX	nale	4 RAC	white		S. DATE C.	DAY Y	EAR 721	6. AGE (IN YEARS LA		IF UND	DAYS	IF UNDER 24 HRS HOURS MIN
7a BIRTHPLAC	CE (STATE OR FORE	GN 76 CIT	IZEN OF WHAT	COUNTRY?	8 MARRIEI	D NEVER MARR	ED 🗆	9 BALTIMOREC Balti		NTY OF D		
10 CITY OR TO	own of DEATH					or other institution dical Cen	ON	120 USUAL OCCI	JPATION	NG LIFE) IN	KIND O	F BUSINESS OR
Mary	land	Baltin		SIDENCE BEFORE		13d INSIDE CITY LI	2	13e STREET ADDR		Ston		oad.
14 FATHER'S	FIRST PAIN IN	MIDDLE		Shoc	K	15 MOTHER'S MAIL		WE	Ot€		Cole	man
		U.S. ARMED F		3-40-	24L3	Dalks C	7	nner St.	DDRESS/9		Sea Hall	ystone Re Mc1.2116
	JSE OF DEATH ( RT 1. DEATH WAS	CAUSED BY				lial infar	ctio	n			10.7	mate interval poset and death days
gove	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate touse lost lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF									years		
			ricular			NOT RELATED TO T	HE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART 10	D)
21a. ACC	TE OF OPERATIO					N WAS PERFORMED		200 AUTOPSY	INCE		S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S X NO [	
00.0000	CIDENT WAS UNDERLITRIBUTING CAU ER, NOTIFY MEDICAL E	SE OF DEATH .	b. TIME OF INJU HOUR A.M. A P.M.		Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE C	F INJURY IN ITEA	4 18, PART 1 O	R PART 2]	
WHILE AT WORK	IURY OCCURRED	TA.	e PLACE OF IN. THOME, STREET, FAC		RM ETC.]	211 LOCATION STREET		CITY	ORTOWN	со	UNTY	STATE
sov	w the deceased ove, (i) (we) (did	olive on	5/10	19	5/ 79on	nd that in (my) (our)	79 opinion c		5/10 the date and	hour and		that (I) (we) last couses stated

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

5-11-79

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Margaret L. Dobson, M.D. 6701 N. Charles St. Towson, Md. 21204

BURIAL,	CREMATION,	REMOVA
1	Supial	

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

DHMH - 16 50M 1/76 (VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 1 6 1979

inding physicion and completely filled in corbanpapers. Pages 1 and 2 should be

injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending p should be detached for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

HOSPITAL OR ATTENDING PHYSICIAN: The

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IMPORTANT: If Hem 21 is morked or Hem 1B shows ony

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executed within 24 hours after death. Page 4 may be

death certificate be

ATTENDING PHYSICIAN: The low

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retained by the hospital or attending physician.

#### STATE OF MARYLAND DEPART

FOR

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MENT OF HEALTH AND MENTAL HYGIENE	70-1111	
CERTIFICATE OF DEATH	13 1101	
CERTIFICATE OF DEATH		

ı		STATE REGISTRAR				CERTIF	ICATE OF	DEATH	REG	1 J	-110	1 0
1	DEC (TYPE	EASED NAME WA	LEER	Dan	AIDDLE	Reynold	SS ST.L	DS	SIST	MONTH	DAY YEAR	12.10A
L	. SEX	Male		RACE		5. DATE C		1895	6. AGE (IN YEARS LAST	84 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	co	RTHPLACE (STATE OR FO PUNTRY) COrgia	OREIGN 76	USA	WHAT COUN	MARRIEI WIDOWE		MARRIED	BALTIMORE CIT	Y OR COUNT	YOF DEATH	MD.
		GA GA		(IF NOT IN SUCI	H FACILITY, GIVE	ESTREET ADDRESS)	1.	center	120 USUAL OCCUP (TYPE CAMPENT)	erwo(R)	LIFE) INDUSTRY	truction
1		L RESIDENCE (# NURS TATE MO THER'S NAME	136 COUNTY	HER INSTITUTION,	GIVE RESIDENCE 13c. CITY OR Temple	E BEFORE ADMISSION) R TOWN P Hills	136 INSIDE C	NOXX	13e STREET ADDRE	Brink	sley Pd	
		Willam AS DECEASED EVER		nyan	Reyno	olds	*	FIRST	Susan	l Dree	Drai	n
		Yes	(IF YES, GIVE W.		578	-22-4264	17 INFORMA	ferf.	PIR	S	tonsville	MATE INTERVAL ONSET AND DEATH
	CERTIFICATION	Canditions, if any, gove rise to improve to improve to improve to improve to improve to improve to the total	nediate ng the last.	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	R AS A CONS	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT		) TO THE TERMI	NAL DISEASE OR C	20b. IF YI	IVEN IN PART 1(	NGS USED
		210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OI HOUR A.A	M. MONTH	URY MONTH DAY YEAR			YES NO YES NO			по 🗌
	MEDICAL	21d. INJURY OCCURI	HILE (	21e PLACE ( (AT HOME, STR		OFFICE, FARM, ETC.)	211. LOCATION STREET	NC	CITY OR	TOWN	COUNTY	STATE
		22a.1 certify that (1) sow the decease abave, (1) (ver)	ed alive on				nd that in (my)	(aur) opinion d	eath occurred an th	e date and ho		that (I) (we) last causes stated
		276 SIGNATURE	wa	we		C19 .		ATTENDING PHYSICIAN []	MEDICAL S	TAFF SICIAN	22t. DATE	SIGNED
		226. PHYSICIAN'S NA	SEN.	ANA	YAL	ce, no.	22e ADDRES	S				
2	30 BI	urial, cremation, PEC(FY) Burial	REMOVAL	236. DATE 5/19	9/79	231 NAME OF C		CREMATORY	23d LOCATION CITY OF TOWN Brentwo	ood, Ma	ryland	STATE
ш		NERAL DIRECTOR NAME ningham F	uneral	Home,]	Inc. A	meron & Iex., Va.	Alfred	Sts DAJ	PEC'D BY REGISTA	3R 256. REST	TRAKS SIGNA	Bready

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled writing with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

WAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notifie.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove corbangapers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

C. March F/H

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11016

ı	REGISTRAR			Child of Dani.		REG. NO	).			
ľ	1 DECEASED NAME FIRST	MIDDLE	L/	AST		26 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	'ERMA (Irma)		RHC	DES		5	12 79	5:20Pm		
	3 SEX	4 RACE	5 DATE O		YE AR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.	
	FEMALE	BLACK	1.2		32	46	YRS	MONINS	MIN.	
4	To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?		XY? 8.	NEVER MARR	RIED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Va. U.S.A.		WIDOWE	D DIVORC	BALTO, COUNTY, MD.					
	10 CITY OR TOWN OF DEATH	SING HOME O	ROTHER INSTITUT	ION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
7	TOWSON, MD.									
	USUAL RESIDENCE (IF NURSING HOME OF	NTY 131 CITY OR TO	OWN I	13d. INSIDE CITY LI	IMITS?	13e STREFT ADDRESS				
2	Md.	Balti	more	YES 🗶 NO	_	23 <b>2</b> 3 Cal	low	Ave.		
J	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAI	IDEN NAM	AE MIDDLE		1.4	ST	
	George	Toni		Sarah	1			Strot	her	
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS		CURITY NO.	JRITY NO. 17 INFORMANT ADDRESS					TOTAL SERVICE	
	No 219-52		-5148	48 Charles Rhodes 2323 C				Callow Ave.		
ı	18 CAUSE OF DEATH (Enter on	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF BREAST									
	1749 DUE TO, OR AS A CONSEQUENCE OF									
1	Conditions, if any, which (b)									
1	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
1	underlying cause last (c)									
ł	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
4	0									
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY			WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
4						YES NO YES NO				
								PART 1 OR PART 2)		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
١	21d. INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET					CITY OR TOW	N	COUNTY	STATE	
1	AT WORK AT WORK									
	270.1 certify that (X (this haspital) attended the deceased from 5-7, 19-79, to 5-12, 19-79, that X (we) lost									
	sow the deceased alive on 12 19 79, and that in May (aur) apinion death occurred on the date and hour and from the causes stated above, (i) (w/) (ard) (a) Not) view the body after death.									
1	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 222. DATE SIGNED									
4	PHYSICIAN DIRECTOR PHYSICIAN							5-1	2-79	
4	DR. J. WOLF			6701 N.			TOWS	SUN, MD	. 21204	
	23a BURIAL, CREMATION, REMOVAL			EMETERY OR CREM		23d. LOCATION CITY OR TOWN	. 22.0	COUNTY	Md.	
1	Burial 5/18/79 Mt. Auburn Ceme. Baltimore,						*D. DIC CIC.	Ma.		
1	NAME			rth Ave. MAY 1 6 1979 Lister Recognition					Credy	
1	Wm. C. March	EAH TIOT E	. NOLE	n Ave.	MA	1 10 13/3		/		

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or ottending physicion.

81111-0-A LANGUAGE . OT 1941 - The control of the control o TOMSON, MO. G.E.M.C. METASTATIC CARCITAGIA OF SELATE The state of the s TR. J. WOLF, M.D. - ETOT M. MARLES ST. TUISON, MD. 212

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physicion FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	10. 3		10	1 1	
	CEASED NAME	FIRST	A	AIODLE	U	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR
(1110		ILLAR	D LI	WA	RICHA	RDSON			05	28	79	4:07	7 P M
3 SE	X		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	(THDAY)		DER I YEAR		R 24 HRS
	Male		Caucasi	an	03	30 1:	3	66	YRS	MONTH:	S DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FOR	REIGN	Th CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARK	DIED [	9 BALTIMORE CITY	OR COUN	NTY OF D	EATH		700
Ma	aryland		USA		WIDOWE	D DIVOR	CED 🗆	Baltimo		ounty	J		MD.
10 C	Towson		(IF NOT IN SUC	H FACILITY, GIVE STRI	EET ADDRESS)	cal Cent		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Build. Ma	OF WORKING	G LIFE) IN	DUSTRY	to.C	
13a S	AL RESIDENCE (IF NURSINSTATE	136 COUN		Parky	NWC	13d INSIDE CITY L	54.3	13e STREET ADDRESS 8413 Nu	nley				
14. F/	ATHER'S NAME		AIDDLE	TAST		15 MOTHER'S MA	IDEN NAM	E MIDDLE			LAS	59	
	Liwa	,	110011	Richa	rdson	Loui	se	Model			Kno		
	WAS DECEASED EVER II		MED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT		ADDR	ESS				
,	No	(11 120, 0112	The order	216-0	7-8159	Amelia	T.R	ichardso	n 84	+13	Nun!	ley	Dr.
	18 CAUSE OF DEATH	(Enter anl	y ane cause per	line far (a), (b ,	and (c						BETWEEN	ONSET AND	RVAL D DEATH
	PART I. DEATH WA		DBY. E CAUSE (a)	Congest:	ive hea	rt failu	re						
	4292		DUE TO, OI	R AS A CONSEC	DUENCE OF								
	Canditions, if ony,		(b)	Arterio	sclerot	ic cardio	ovascu	ular_disea	se				
	gove rise to imme couse (a), stating	the	DUE TO, OI	R AS A CONSEC	DUENCE OF								
15	underlying cause	last	(c)				3.5						
7	PART 2 OTHER SIGN	IFICANT C	onditions <u>co</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	IDITION	GIVEN IN	PART 1	a	- 15
Į.			Tue come					T-A	701 15	VEC INTE	DE 5111011	1001100	
CERTIFICATION	19a DATE OF OPERATI		196 CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORME	D	YES NO		YES, WER RTIFYING YES 🙀			TH?
	21a. ACCIDENT WAS UNDE	-	21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM	18 PART 1 O	R PART 2)		
N S	(IF EITHER, NOTIFY MEDICA		Р.,		19								
MEDICAL	WHILE OCT WHILE AT WORK AT WORK	ILE [	21e PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	cc	YTAUC	5	STATE
	22a I certify that (I) (	this hospit	ol) attended the	e deceased from	11	/27	,79	5/28		197	)	that (I) (	(we) lost
	sow the deceosed above, (1) (we) (di			19	70	d that in (my) (our	) opinion de	eath occurred on the o	late and l	haur ond	from the	causes si	toted
	228. SIGNATURE	- /	7 110 0001	Green departs.	(	DEGREE				1	ZZc. DATE	SIGNED	)
	Meu	P. K.	Ohn	~		ATTEN	NDING SICIAN	MEDICAL STA			5/2	29/79	9
	22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRESS							
	Charles	C. Br	own, M.	D.	100	6701 N	. Chai	rles St. T	owson	n, Mo	1. 21	1204	
23a. I	BURIAL, CREMATION, R	REMOVAL	236. DATE		C. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUN	ΤY	S	TATE
	rial		6/1/	79	Garden	s of Fa		Overlea		lti			id.
24. FI	UNERAL DIRECTOR	1	, -,	ADDRESS 1	VEID.	a Al	25a. DATE	REC'D. BY REGISTRAL	25b. REG	STRARS	SIGNAT	HESS.	ody
1	4554HN	M		101 1	76 641	10101	771	AL OT 101	1				

BP DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical

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of miles and a second second desired and the second second ACMINING BUT SELECTION OF BEING BUT OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pe

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical exam

4 may be

page 3

FOR

STATE OF MARYLAND
PEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.	9-11	018
I. DECEASED NAME	FIRST	A	AIDDLE	174	LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	nie	Lo	nise	R	idgely	May 20,	1979		122
3. SEX	20	4 RACE		S. DATE (	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	
female		whit	e		21,1894	84	YRS		HOURS MIN.
a BIRTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
N.C.	QU.,	U.S.A		WIDOW	ED X DIVORCED	Baltimo		unty	M
O CITY OR TOWN OF E	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND (	OF BUSINESS OF
Woodlawn			Lenore C			housewif	e	at H	iome
USUAL RESIDENCE (IFN 130, STATE	136 COL	INTY	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Maryland	Balt	imore	Woodlaw	n	YES NO X	1700 Lend	re Co	urt	
4 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			AST
Joel	ED INTUIS A		rvis		Laura	0034 ** **		Brown	
60. WAS DECEASED EV (YES, NO OR UNKNOWN)		VE WAR OR DATES)	166 SOCIAL SECU			3918 Hunter			07.010
no			212 74	2917	Ella House	Ellicott Ci	ty, Ma		21043 XIMATE INTERVAL LONSET AND DEATH
429		ATE CAUSE (a)	rteno S	4200	Bu Cardio.V	ascular C	STAST		
429	2	DUE TO, OI	R AS A CONSEQUE	NCEOF		C)			
Conditions, if a		(b)							
couse (o), sto	iting the	DUE TO, OF	R AS A CONSEQUE	NCE OF				99 (199	
		(c)							
	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	1DITION G	IVEN IN PART 1	101
19a DATE OF OPE	RATION	19h CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	S OF DEATH?
210 ACCIDENT WAS	JNDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NOTER NATURE OF INIT		YES DEPART 21	NO 🗍
00.000.000.000.00	CAUSE OF D	EATH HOUR A.	M. MONTH DA			(2.112.1.13.13.12.3.11.13.1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(IF EITHER, NOTIFY ME  21d INJURY OCCI		21e PLACE	OF INJURY	19	211 LOCATION				
ALLIE NO	WHILE WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	-	pital) attended the	e deceased from_	1-2	19 K8		0	19 79	that (1) we) las
saw the-dece	ased alive a	1100	7 10 -	79.0	nd that in (my) your) opinion	death occurred an the c	date and ho	/	
22h SIGNATURE	aid bid h	loy view the body	after death.		DEGREE			22c. DATE	ESIGNED
Th	emas	200	ester St	m	ATTENDING PHYSICIAN	MEDICAL STA		5-7	22-79
22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS				/
Thom	as F.	Herbert,	M-D-		Church Road.	Ellicott C	itv.N	arvland	21043
30 BURIAL CREMATIO				IAME OF C	CEMETERY OR CREMATORY	23d LOCATION	-03		
(SPECHY) burial		5/23/7	79 Ta	ke Vi	ew Mem. Park	Randallst	OPTIN -E	COUNTY	STATE
4 FUNERAL DIRECTOR					25a. DAI	E REC'D. BY REGISTRAF	₹ 25b.	AMOR CAN	TURE Jana
LACK Funer	al Hor	ne,Ellic	ott City,	Maryl	and 21043 ***	11 24 13/3		/	

DHMH - 16 50M 7/77 (VR A 15 (4))

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retained by the haspital or attending physician.

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	death. Page 4 may be	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter o	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the Tunning should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed withing 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

poge 3

			STAT	E OF MARYLAND		
1	FOR		EPARTMENT OF H	EALTH AND MENTAL HYG	IENE	
-1-	ST4FE REGISTRAR		CERTIF	ICATE OF DEATH	7	9-11019
1 05	CEASED NAME FIRST	WIDDLE		IAST	REG. NO. 1	DAY YEAR 25 HOUR
	OR PRINT)		DI	nout 101 AV	L. DATE OF BEATT	22 255
	OSCA	大	N'	DAFMI	) -	11-190 BM
3. SE2	(	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	lilb i to	MONTE		0.0	MONTHS DAYS HOURS MIN
70 BI	RTHPLACE ISTATE OR FOREIGN	White The CITIZEN OF WHAT CO	Dec.	11 96	9 PALTIMORE CITY OR COUNT	Y OF DEATH
	OUNTRY)	THE CHIZER OF WHAT CO	MARRIE	D NEVER MARRIED	DALIMORE CAT OR COOK	· Or beatti
		U.S.A.	WIDOWE			unty MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a USUAL OCCUPATION  I TYPE OF WORK FOR MOST OF WORKING L	IZE. KIND OF BUSINESS OR INDUSTRY
Ra	ndallstown	0 7 . 0	ity Hosp.		THE OF WORK TOR MOST OF WORKING	WE) MADOSIKI
USU	AL RESIDENCE   IF NURSING HOME OF					
13a S	STATE 13b. COUR	VIY 13c. CITY	OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
				YES NO		
14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
				T MOV	moore	1707
16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	AL SECURITY NO.	17 INFORMANT	ADDRESS	
()	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	ncaid			
		210-	23-178940			
	18 CAUSE OF DEATH (Enter on	ly ane couse per line for to	), (b), and (c).)	1,0		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) art	enosche	estic he	out disease	
	4140		1.	241 Dul-	2. 5 2 1 1 2 2 2	Moarn
	1110	DUE TO, OR AS A CO	NSEQUENCE OF	all favias	na ly eller	a fine
9.7	Conditions, if ony, which	(b)				
	cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			
	underlying couse last.	(c)			A CONTRACTOR	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1101
NO						
ATI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
F					IN CERT	IFYING CAUSES OF DEATH?
CERTIFICATION						YES NO
ü	210. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY	ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
A	OR CONTRIBUTING CAUSE OF DEA	4117	19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION		
ME	WHILE NOT WHILE	JAT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		-	12 00	2 1 7 7	17.00
	22a.1 certify that (1) (this hospi	~ U//_	A 10	19-19	, 10 3 -2/-	19 7, that (I) (we) lost
	sow the deceased plive on obove, (1) (we) (did) (did no		h 19 79.01	nd that in (my) (our) apinion	death accurred an the date and ha	ur and from the couses stated
F. C.	22b. SIGNATURE	011		DEGREE		22c. DATE SIGNED
	Sooner	ul Hon	P	ATTENDING	MEDICAL STAFF	5-27-119
	22d. PHYSICIAN'S NAME ITYPE O	0.000.000	<del>/</del>	PHYSICIAN [	DIRECTOR   PHYSICIAN	
	CO O ALL OLD		NG	D 044	1. to	040110
	JOON CH	WC HO	104	pattituers	Cellery flue	real 110 pital
23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	THE LOCATION C	COUNTY STATE
- (	Removal	5/30/79			CITORIONN	COURT

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24 FUNERAL DIRECTOR
NAME
Anatomy Board DHMH - 16 50M 7/77 (VR A 15 (4))

Balto., Md.

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FOR - STATE

### STATE OF MARYLAND DEPA

STATE OF MARKEENING								
RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		7	g	_	1	1	n	2
CERTIFICATE OF PEATIF	REG. NO.		0			-	0	60

	-	REGISTRAR								REG. NO.	0	, , ,		
		CEASED NAME	FIRST		MIDDLE		ASI		20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOL	JR
	, , ,		SOPHIA		М.	RIEM	ER		M	AY 29,	1979		8:10	) a
	3 SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)		DER 1 YEAR	IF UNDER	
		Fem.			Cau.	MONTI	1 DAY 12	YEAR 95		84 YR:	MONTH	DAYS	HOURS	MIM
34		RTHPLACE STATE	OR FOREIGN	76 CITIZEN O	F WHAT COUN	TRY? 8.			9 BALTIMORE			DEATH		
35	C	ountry) Md		TT	S.A.	WIDOWE	D NEVER M	ORCED T	BATTT	MORE CO	IINTY			M
	10. C	TY OR TOWN OF		11. NAME O	F HOSPITAL, NL	JRSING HOME	- 22		120 USUAL OC	CUPATION	12	b. KIND C	F BUSIN	
52		TOWSON			TOSEPH	HOSPIT	ΔТ.			maker	G LIFE) IN	DUSTRY		
-		AL RESIDENCE (IF N	FURSING HOME OF	ROTHER INSTITUTIO	ON, GIVE RESIDENCE	BEFORE ADMISSION)								
25	13a S	STATE	13b COUI		13c CITY OR		13d. INSIDE CIT		13e STREET ADD			D 3 - '		D 7
	14 FA	Md	В	alto.	I Ba	alto.	15. MOTHER'S	MAIDEN NA		Pleasa	nt	Plai	ns_	Ka.
00.		FIRST		MIDDLE	LAST		F	IRST		IDDLE		LAS		
100		Georg		wen conces		Ritz		nnah		ADDRESS			ed	
1		VAS DECEASED EV (ES, NO OR UNKNOWN)		E WAR OR DATES)	? 166 SOCIAL	SECURITY NO.	17. INFORMAN	41		ADDRESS	39	39 N	lew	
		no			216-0	03-707	D Mr.	Ches	ster E.	Baker	Se			
		18 CAUSE OF DE	ATH (Enter or	nly one couse p	er lige for (o) (b	ob, and (c 1			1	40.00		BETWEEN	MATE INTE	RVAL DEATH
		PART I. DE ATH		ED BY: TE CAUSE (0)	14/100	VOLE	MIC	SF	tock	21				
		A 199	(/T//TEDIA	, , , , , , , , , , , , , , , , , , , ,							-		200	
-		2162		DUE TO.	OR AS A GONS	TO SEPS	7257	INIAN	- BL	5001	NO	_		
		Conditions, if o		(b)_	01/13/	20110	103/	,,0,,0	100		- 4			
	12.2	gove rise to		3 DUE TO	00 AC A CONS	FOURNICE OF		- 1						
		underlying co		DUE TO,	DE THE	FOUENCE OF	ATTO.	N						
				(c)_										_
1	N O	PART 2 OTHER S	5CU	D.	0	JMA			COHR		PINEW IL	PARI I	01	
	F	190 DATE OF OPE	RATION	14b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPS	Y? 20b IF		RE FINDI		
8	CERTIFICATION								YES N	O 🕅	RTIFYING	CAUSES	OF DEA	
G	E .	210. ACCIDENT WAS	UNDERLYING T	7 21b. TIME	OF INJURY		21c HOW INJ	URY OCCUR	RED (ENTER NATURE			OR PART 2)		
70		OR CONTRIBUTING		AIR	A.M. MONTH		March Co.							
	MEDICAL	(IF EITHER, NOTIFY MI			P.M.	19	211 LOCATIO	AT.						
	AED	21d. INJURY OCC	T WHILE [		E OF INJURY STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	14	CIT	Y OR TOWN	C	OUNTY	5	TATE
	1		WORK	10			-/2N	-		-/29		75		
		72s.1 certify that	X tylis hosp	tall offended	the decenned to	om	2/28	10	Z . to	3/21	19_	//_	that of	wel la
		sow the deci		15/1-	27	10 77 0	ad that in 100 i	our opinion	death accurred o	n the date and i	hour and	from the	courses sh	oted
		72h SIGNATURE	y first phony	wiew the hor	dy after death.	- Y. S.	-							
		176 SHADLATURE	1	1111	-		DEGREE	TTC LIDINIO	MEDICAL	CTAFF	493	22c. DAV	SIGNED	70
		P	6/	n	>-	-	P	HYSICIAN	MEDICAL DIRECTOR	PHYSICIAN [		2/4	-//	17
	1	NA PHYMILIAN'S	NAME (TYPE C	OR PRINT)			22e. ADDRESS		5/177	- 4	ans	1	eo	
1		11115	6	DIV	ER	4	Car	20	VILL	part !	-		2/0=	21
	00 (					72. NAME OF C	COCK		123d LOCATIO		110		2/02	30
		BURIAL, CREMATIC SPECIFY)		. 236. DATE	10/8/37	23c. NAME OF C			23d. LOCATIC CITY OR TO		COUN	¥TY	51	ATE
			ial	6-	1-79	Balt	imore (	Cem.		ltq.	23			Md.
	24. FI	JNERAL DIRECTOR			ADDRES	SS		25a. DAT	E REC'D. BY REG	STRAR 256. REC	STRAR	SIGNA	Whas	4
		John C	Mil	ler T	nc. 64	15 Bela	air Rd	N.	INI 9T 12	13	/			
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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## FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

G. NO	7	9	_	1	1	0	2	-
G. NO		~				-	_	

	112 0 10 1111 111							REG. N				
	CEASED NAME	FIRST	A	MIDDLE		AST			HINOM	DAY YEAR	2b HC	
	Lucretia		Α.	R	iley			5/25/79			8:	OOAM
3 SE	X	4	RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DA	100	
	Female		White		3-3	-1925		54	YRS			
7a BI	RTHPLACE (STATE OR FO	DREIGN 71	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	ARRIED	9 BALTIMORE CITY C				
Ha	ardord Co	o. Md	• U	LS.A.	WIDOWE		ORCED .	Baltimore				MD.
10 CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF I			OR OTHER INSTIT		120 USUAL OCCUPATI	ON F WORKING I	126 KIN LIFE) INDUST	D OF BUSI	NESS OR
	Towson			701 N. Ch		St. 21	204	ROULLCA		Shel		1CO.
USU,	AL RESIDENCE (IF NURS	1136 COUNT	THER INSTITUTION,			13d INSIDE CIT	Y LIMITS?	13e STREEL ADDREST	inor			
	AL RESIDENCE (IF NURS TATE Md.	Ba	Lto.	Balleo.		YES 🗌 -	NO 🔀		LHOT	Ave.	-212	30
	THER'S NAME	M	DDLE	LAST		15 MOTHER'S					LAST	
	Arthu	ir Ski	illman				Jose	phine Mac				
	VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	IT	ADDRE		O6 E1	inor	7,170
No				21/-12-	9093	Mr. J	osepn	P. Riley	- 2	OO EI	THOT	Ave.
	18 CAUSE OF DEAT	H (Enter only								BETWE	EN ONSET AP	TERVAL ND DEATH
	PART I. DE ATH W	IMMEDIATE		ardiopulm	onary	Failur	е					
	1629		DUE TO, O	R AS A CQNSEQUE	NCE OF							, 111
500	Conditions, if ony,			ung Cance								
	gave rise to imm cause ia, statin	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF							
	underlying cause	last	( Ic)				100					
	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART	1(a	
CERTIFICATION												
CAI	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FIN		
RTF								YES NO		res 🗌	NO	
	21a ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJU	URY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18,	, PART I OR PART	?)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P./	М.	19				3-1			
EDI	21d INJURY OCCUR		21e PLACE (	OF INJURY	RM FIC )	21f. LOCATION	7	CITY OR TOV	VN	COUNTY		STATE
2	AT WORK AT WO	ORK			,,				-		FIR.	
	220.1 certify that (1)	(this haspita	il) attended the	e deceased fram	5/2	4/79	, 19	5/25/7	9	. 19	_, that (1)	Zwe) last
	saw the decease abave, (1) (we) (0	ed alive on	view the body	ofter death.	, an	nd that in (my)_(c	our) apinion o	death occurred on the de	ate and ha	our and from	he causes	stated
	226 SIGNATURE		7 .			DEGREE				22c. DA	TE SIGNE	D
		/-	493	m		AT Ph	TENDING HYSICIAN	MEDICAL STAI	IAN X	5/	25/79	)
	22d PHYSICIAN'S NA	AME (TIPE OR F	PRINT)			22e. ADDRESS				4.77		
	E	RIG	OYEK	9		GBMC,	6701 N	. Charles S	tree	t 2120	4	
	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CR	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
(	Burial		5-29	9-79 Ho	ly R	ledeeme	r Cem		to.			
24 FL	JNERAL DIRECTOR						2C. DATE	REC'D. BY REGISTRAR			ATURE	
	John C.	Mille	er Inc.	-6415	Bela	ur Ra.	M	AY 2.9 1979	The	intry/	rech	orly
												0

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fishould be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, ar other troumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral driving should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours.	with the State Lept of realth and mental ryginale prior to buriol, cremotion, or removal.  MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be partified at ance.
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BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

	1 -	FOR STATE REGISTRAR				RTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTA ICATE OF DEATI	Н	REG. NO		)-,	022
X		CEASED NAME OR PRINT)	Phylis		RISTON		AST		May 28, 197	S 2	127111	1630P
	3 SE)	emale	4.1	RACE Whi	Lte	S. DATE C	DAY YE		6. AGE (IN YEARS LAST BIRT	YRS.	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
35	CC	RTHPLACE (STATE OR FODUNTRY)  aryland	REIGN 76		WHAT COUNTR	MARRIEL WIDOWE	NEVER MARRIE		Baltimore city o			MD
57		TY OR TOWN OF DEA	TH 11	I IF NOT IN SUC	OSPITAL, NUR HFACILITY, GIVE STR Clin Sc	REET ADDRESS)	Hospital		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Inspecto	F WORKING LIFE		Western ectric
35	13a. S	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OTH 13b COUNTY Balti	HER INSTITUTION.		FORE ADMISSION) OWN	134 INSIDE CITY LIM		329 Torn	er Ro	ad	
30		THER'S NAME FIRST ISSAC		C	Spi		15 MOTHER'S MAID FIRST Ruth		WIDDLE		Waqi	ner
1		0	( IF YES, GIVE WA	R OR DATES)		-6111	Henry J				Torner	Road 21221
	NOI.	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which dedicte the lost.	DUE TO, O	erebrat ara90-5	ovanteury ovanteury	ry arrest		nal disease or con: disassociat	DITION GIVE	N IN PART 1(a	ı
2	CERTIFICATION	19a DATE OF OPERAT				ICH OPERATIO	N WAS PERFORMED		206 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
9	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CC [IF EITHER, NOTIFY MEDICA 21a INJURY OCCURR WHILE NOT WH AT WORK NOT WH AT WORK	AUSE OF DEATH (LEXAMINER)  ED	P.J 21e PLACE ( (AT HOME, STR	M. MONTH M. DE INJURY EET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	OCCURRI	ED JENTER NATURE OF INJUI CITY OR TOW	/N	COUNTY	STATE
		22a.1 certify that a saw the decease obove, K (we'ld 22b. SIGNATURE	(this hospital) d alive an id) (d-d pat) v	Mayde 28	e deceosed from 15 ofter death.	. 01	DEGREE		eath occurred on the do	ate and haur		SIGNED
1		22d. PHYSICIAN'S NA Felipe				7	22e ADDRESS		lin Square		21237	
	(5	Entomb	ment	5/31	/79 23 Inc <sub>A®DRESS</sub>		emetery or crema n Park		23d. LOCATION CITY OR TOWN Baltimo: REC'D. BY REGISTRAR	re		aryland
		7922 Wis				Lk, MD	21222	JUN	11 1979	histo	yhech	carle

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pretained by the hospital or attending physician.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Interesting by the hospital or attending physician.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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EC.	NO.	_						

	-	STATE REGISTRAR		DEP	CERTIFICATE OF D		REG. NO	79-1	1023
		CEASED NAME	FIRST	MIDDLE	LAST	120	DATE OF DEATH		YEAR 26 HC
	(TYPE	OR PRINT)	NA	J.	ROBERTS		MAY 15	. 1979	6:5
	3. SE)			RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR IF UNO
		temale	33	While	Nonth DAY	1889	89	YRS	THS DAYS HOURS
		IRTHPLACE ISTATE OR FORE	IGN 76	CITIZEN OF WHAT COUNT	RY? 8	9	BALTIMORE CITY O		DEATH
15	CC	OUNTRY) CO HM.		USA	MARRIED NEVER A	VORCED	BALTIMOR	E COUNT	Y
	10 CI	ITY OR TOWN OF DEATH	1 11,		RSING HOME OR OTHER INST	FITUTION 12	n LISUAL OCCUPATION	ON I	12b. KIND OF BUSH
18		TOWSON	200	SAINT JOSE	PH HOSPITAL		TO S'SE RE	2per	INDUSTRY HO
				HER INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION)	ITV LIANITS? 113	e. STREET ADDRESS	1	
55	100.0	me	BAL	10 1. 1.	ville YES	NO S		BURN	COURT
	14 FA	ATHER'S HAME	MIDE	DI LAST	15. MOTHER'S	S MAIDEN NAME	MIDDLE	,	4 LAST
130		TREderi		A BLAG	c K	ELVIR		(Re;	9168
1	16a W	WAS DECEASED EVER IN			ECURITY NO. 17 INFORMA	INT	D ADDRE		0
		YES, NO OR UNKNOWN) (I			Dev	1/ 1.	Powel	L	JAn
				ane cause per line far (o), (b	, and (c')	7			APPROXIMATE INT
10		PART I. DEATH WAS	S CAUSED B AMEDIATE C	1/10	piratory	Arres		SATE	mucoli
	2	486-		DUE TO, OR AS A CONSI					
	4 100			DUE TO, OK AS A CONSI	OUENCE OF	,			m
	1	Canditions, if ony, w		(b)	PWE	monia			2 weet
		gave rise to immed	diate	(b)	PNe	unonia			2 weet
		gave rise to immed couse (a), stoling	diate		PNe	monia Secren	stors _ ot	20.032	2 week
		gave rise to immed couse (a), stoling underlying cause	diate the last	DUE TO, OR AS A CONSI	EOUENCE OF			20-030 DITION GIVEN	2 week
	NOI	gave rise to immed couse (a), stoling underlying cause	diate the last	DUE TO, OR AS A CONSI	PNE	TO THE TERMINA	al disease or coni	DITION GIVEN	2 week
	CATION	gave rise to immed couse (a), stoling underlying cause	diate the last	DUE TO, OR AS A CONSI	EQUENCE OF CLEAR	TO THE TERMINA		20b. IF YES, W	2 Week  2 Wes  IN PART 1(0)  VERE FINDINGS US  IG CAUSES OF DE
2	RTIFICATION	gave rise to immed couse (a1), stoling underlying cause PART 2 OTHER SIGNIF	diate the last	DUE TO, OR AS A CONSI	PNEL  COURNEE OF  TO DEATH BUT NOT RELATED  HICH OPERATION WAS PERFO	OTO THE TERMINA	AL DISEASE OR CONI	206. IF YES, WIN CERTIFYIN	VERE FINDINGS US
24	CERTIFICATION	gave rise to immed couse (a), stoling underlying cause PART 2 OTHER SIGNIF	diate the last	DUE TO, OR AS A CONSI	OUENCE OF CLOAT TO DEATH BUT NOT RELATED HICH OPERATION WAS PERFO	OTO THE TERMINA	AL DISEASE OR CONG	206. IF YES, WIN CERTIFYIN	VERE FINDINGS US
34	AL	gave rise to immed cause (a1, stoling underlying cause PART 2 OTHER SIGNIF	diate the last	DUE TO, OR AS A CONSI	TO DEATH BUT NOT RELATED  TO DEATH BUT NOT RELATED  HICH OPERATION WAS PERFO  DAY YEAR  19	OTO THE TERMINA	AL DISEASE OR CONI	206. IF YES, WIN CERTIFYIN	VERE FINDINGS US
34	AL	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210 ACCIDENT WAS UNDER OR CONTRIBUTING CAU  (IF EITHER, NOTIFY MEDICAL E  21d INJURY OCCURRED	diate the last  FICANT CON  DN  RIVING USE OF DEATH EXAMINER)	DUE TO, OR AS A CONSI	TO DEATH BUT NOT RELATED  HICH OPERATION WAS PERFO  DAY YEAR  19  211 LOCATION	OTO THE TERMINA	AL DISEASE OR CONI	20b. IF YES, W. IN CERTIFYIN YES [	VERE FINDINGS US
34	_	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF ETHER, NOTIFY MEDICALE	diate the last  FICANT CON  DN  RLYING  USE OF DEATH EXAMINER)  D  E	DUE TO, OR AS A CONSI  IC) NATIONAL PLACE OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY	TO DEATH BUT NOT RELATED  HICH OPERATION WAS PERFO  DAY YEAR  19  211 LOCATION	OTO THE TERMINA	AL DISEASE OR CONT 200 AUTOPSY? YES NO M (ENTER NATURE OF INJUR	20b. IF YES, W. IN CERTIFYIN YES [	(FRE FINDINGS US IG CAUSES OF DE NO
24	AL	gave rise to immed couse (a1, stoling underlying cause)  PART 2 OTHER SIGNIF  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLOWN TO CONTRIBUTING CAU [IF ETHER, NOTIFY MEDICALE  21d INJURY OCCURRED  WHILE  AT WORK  220   Certify thot 1	diate the last  CANT CON  RIVING USE OF DEATH EXAMINER)  D  E  his hospiral	DUE TO, OR AS A CONSI  IC) NAGE  NOTIONS CONTRIBUTING  19b CONDITION FOR WE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR  19  211 LOCATIC STREET  TO POSSES  TO DEATH BUT NOT RELATED  19  211 LOCATIC STREET	OTO THE TERMINA	200 AUTOPSY?  YES NO CENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [ TY IN ITEM 18, PART	VERE FINDINGS US GG CAUSES OF DE- NO 1 ORPART 2) COUNTY
24	AL	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E AT WORK NOTIFY MEDICAL E AT WORK NOTIFY MEDICAL E AT WORK OF AT WORK  220 I certify that Other Sow the deceased above. AN Ocidid	diate the last  FICANT CON  DN  RIVING USE OF DEATH EXAMINER)  D  E  alive an	DUE TO, OR AS A CONSI  10	DAY YEAR 216. HOW IN 19 211 LOCATIC STREET	OTO THE TERMINA	AL DISEASE OR CONT 200 AUTOPSY?  YES NO  (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [ TY IN ITEM 18, PART	(FRE FINDINGS US G CAUSES OF DE- NO 1 OR PART 2)  COUNTY  thought
24 9	AL	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210 ACCIOENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E AT WORK AT WORK  220 I certify that Cather on the deceased	diate the last  FICANT CON  DN  RIVING USE OF DEATH EXAMINER)  D  E  alive an	DUE TO, OR AS A CONSI  (c) NAS A CONSI  (a) DETERMINED TO THE CONSIST OF	DAY YEAR  19  216 LOCATIC STREET  DEGREE	DIO THE TERMINA  DRMED  JURY OCCURRED  DN  19 7 9  (our opinion dec	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  Ith occurred on the do	20b. IF YES, WIN CERTIFYIN YES [ TY IN ITEM 18, PART  19 10 to pnd hour or	VERE FINDINGS US GG CAUSES OF DE- NO 1 ORPART 2) COUNTY
2-9	AL	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210. ACCIOENT WAS UNDERLOWNED CAU [IF EITHER, NOTIFY MEDICAL E  WHILE AT WORK  220 I certify that Other  sow the deceased above. AT COINTERLOWNED  228. SIGNATURE	diate the last last  FICANT CON  EXVING USE OF DEATH EXAMINER)  D  E  Olive on 1) (ded Hotel V	DUE TO, OR AS A CONSI  10) NALI  10) NALI  19b CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF)  ottended the deceased fr May 14  Tew the body after death.	DAY YEAR  19  216 LOCATION WAS PERFO  PICE, FARM, ETC.)  DEGREE  DEGREE	DIO THE TERMINA  DRMED  JURY OCCURRED  DIVINA  19 7 9  FOUR Opinion decounts of the polysocian of the	200 AUTOPSY?  YES NO CENTER NATURE OF INJUR  CITY OR TOW	206. IF YES, WIN CERTIFYIN YES TY IN ITEM 18, PART	(FRE FINDINGS US G CAUSES OF DE- NO 1 OR PART 2)  COUNTY  thought
24	AL	gave rise to immed couse (a), stoling underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E AT WORK NOTIFY MEDICAL E AT WORK NOTIFY MEDICAL E AT WORK OF AT WORK  220 I certify that Other Sow the deceased above. AN Ocidid	diate the last last  FICANT CON  EXVING USE OF DEATH EXAMINER)  D  E  Olive on 1) (ded Hotel V	DUE TO, OR AS A CONSI  10) NALI  10) NALI  19b CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF)  ottended the deceased fr May 14  Tew the body after death.	DAY YEAR  19  211 LOCATION  TO DEATH BUT NOT RELATED  TO DEATH BUT NOT	DIO THE TERMINA  DRMED  JURY OCCURRED  DN  19 7 9  (our opinion dec	AL DISEASE OR CONE  200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  At the occurred on the do  MEDICAL STAF	20b. IF YES, WIN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDINGS US GCAUSES OF DE- NO 1 ORPART 2)  COUNTY  22. DATE SIGNEI  Mey S
24	AL	gave rise to immediate couse (a1), stoling underlying cause  PART 2 OTHER SIGNIF  210. ACCIOENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E AT WORK  220 I certify that the county of the deceased above. LAC Or Idid 226. SIGNATURE	diate the last last  FICANT CON  EXVING USE OF DEATH EXAMINER)  D  E  Olive on 1) (ded Hotel V	DUE TO, OR AS A CONSI  IC) NAGE  POINTIONS CONTRIBUTING  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR  19  211 LOCATION  TO DEATH BUT NOT RELATED  TO DEATH BUT NOT	DIO THE TERMINA  DRMED  JURY OCCURRED  DN  19 7 9  (our opinion dec	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDINGS US GCAUSES OF DE- NO 1 ORPART 2)  COUNTY  22. DATE SIGNEI  Mey S
249	WEDICAL WEDICAL	gave rise to immediate couse (a1), stoling underlying cause  PART 2 OTHER SIGNIF  210. ACCIOENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E AT WORK  220 I certify that the county of the deceased above. LAC Or Idid 226. SIGNATURE	CONTROL OF	DUE TO, OR AS A CONSI  IC) INALI  NOITIONS CONTRIBUTING  196 CONDITION FOR WH  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF  THE MANY 14  WE WANT 15  BOAS M	DAY YEAR  19  211 LOCATION  TO DEATH BUT NOT RELATED  TO DEATH BUT NOT	DIOTHE TERMINA  DRMED  JURY OCCURRED  DN  19 79  TOUT OPINION DECEMBER  PHYSICIAN SEE  SS  COT TAB	AL DISEASE OR CONE  200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  At the occurred on the do  MEDICAL STAF	1906. IF YES, WIN CERTIFYIN YES TY IN ITEM 18, PART	VERE FINDINGS US GCAUSES OF DE- NO 1 ORPART 2)  COUNTY  22. DATE SIGNEI  Mey S

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A STANDAR OF THE STANDARD OF T	ASSESSMENT AND THE
	D. Att Dryslyn
	Leave the hour was asset for

the attending physician and completely filled in by the freenove carbonpapers. Pages 1 and 2 should be filed with

injury, ar other traumatic event, the

should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The lo

TO HOSPITAL

etained by the haspital or attending physicia

# FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO. 79-11021	102		-	9	7
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	REGISTRAR				CEKITI	CATE OF DEATH	REG. N	0.1 J	11027
1. DE	CEASED NAME	FIRST	N	AIDDLE	U	AST	20. DATE OF DEATH	MONTH D	AY YEAR 2b. HOUR
(TYPE	OR PRINT)	INTER	EDWAI	RD	ROBIN	ISON $J_R$ .		5 - 1	$7 - 79   11:55A_{M}$
3 SEX	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male		Caucasi		монтн <b>3</b>	- 13 - 19/9	60	YRS	ONTHS DAYS HOURS MIN
.7a BI	RTHPLACE (STATE OR FO	DREIGN	TO CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH
	Maryland		USA	4	WIDOWE		Baltimo	re Cou	nty MD
10 CI	ITY OR TOWN OF DEA	1	(IF NOT IN SUC	H FACILITY, GIVE STREET AL	DDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
11511	TOWSON AL RESIDENCE (IF NURS					ical Center	Ket Shee	tmeta	L.J. Bauman
13a. S	Md	131 COUN Ba	ito	130 GITY OR TOWN	le	13d. INSIDE CITY LIMITS? YES NO 12	13e STREET ADDRESS 7308 Winds	or Mi	ll Rd. 21207
14 FA	THER'S NAME	A	AIDDLE	LAST	-	15 MOTHER'S MAIDEN NAM	AE MIDDLE		1201
	Hunter	Edwar	rd Rol	pinson Sr.		Ruth			Crawford
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	Ball	to. Md
,	no	(1. 123, 51/2		215-03-80	765	Delores Summe	ers 2618 E		ll Ct. 21234
	18 CAUSE OF DEAT	H (Enter an	y one couse per	line for (o , (b), and	c				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W		D BY E CAUSE (D)	Fibrinopu	rulen	t pericarditi	S		few days
10	12.29	W. W. C. D. V. V.						TOUR	
-	Conditions, if ony,	which		ras a consequen <b>Sepsis</b>	NCE OF				few days
	gave rise to imn	nediote	)						TEM Mays
	couse (a), statin		DUE TO, OR	AS A CONSEQUEN	ICE OF				
	D.D. O.		(c)						
MEDICAL CERTIFICATION				is, cereb		NOT RELATED TO THE TERMI	inal disease or con	DITION GIVE	EN IN PART 1(a)
AT	190. DATE OF OPERAL					WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS USED
IFIC							YES 🕅 NO		YING CAUSES OF DEATH?
ERT	210. ACCIDENT WAS UND	DERLYING	21b. TIME OI	FINJURY		21c. HOW INJURY OCCURR			48
11	OR CONTRIBUTING	CAUSE OF DEAT	TH HOUR A.A	M. MONTH DAY		75 2 2 30 11.			
20	(IF EITHER, NOTIFY MEDICA		P.A		19	21f LOCATION			
MEC	21d INJURY OCCURE		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC.)	STREET	CITY OR TO	VN	COUNTY STATE
	AT WORK	RK L						155	
	22a.1 certify that (1)	(this haspit			May	13 19 79	May 1	7	19.79 that (I) (we) last
			MATE						The state of the s
	saw the decease above, [1] (we) (a				79 , an	d that in (my) (aur) apinian d	leath accurred on the d	ate and haur	and from the causes stated
	saw the decease above, (I) (we) (a 22b, SIGN ATURE				, 011	d that in (my) <u>(aur) apinian d</u> DEGREE	leath accurred on the d	ate and haur	
- 1	above, (1) (we) (a				, 011	DEGREE ATTENDING	MEDICAL STA	FF TT	and from the causes stated 22c. DATE SIGNED
	above, (1) (we) (a	met	view the body		, 011	DEGREE	MEDICAL STA	FF TT	and from the causes stated
	226 SIGNATURE  226 PHYSICIAN'S NA	ME (TYPE OR	PRINT)	Mon.	, 011	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN 🛣	and from the causes stated  22c DATE SIGNED  5/17/79
23a. B	obove, (h (we) (c) 27b SIGN OF URE 27d PHYSICIAN'S NA Margaret BURIAL CREMATION.	ME (TYPE OR	PRINT)	M.D.	Xi	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR □ PHYSIC  es Street,  1334 LOCATION	FF KIAN X	22c DATE SIGNED 5/17/79 more, Md. 21204
23a. B	obove, (h (we) (c) 27b SIGN OF URE 27d PHYSICIAN'S NA Margaret BURIAL CREMATION.	ME (TYPE OR	PRINT) Obson, 23b. DATE	M.D.	AME OF CE	ATTENDING PHYSICIAN DIVERSE ADDRESS 6701 N. Charl	MEDICAL STA DIRECTOR □ PHYSIC es Street,	Balti	22c DATE SIGNED 5/17/79 more, Md. 21204
24. FL	obove. (I) (we) (c 27b, SIGNATURE ANY 22d, PHYSICIAN'S NA Margaret	ME (TYPE OR L. D	PRINT)  Obson,  23b. DATE  5/19/	M.D.  1979 Wes	AME OF CE	ATTENDING PHYSICIAN DITE ADDRESS	medical STA Director Physic  es Street,    234 LOCATION CITY OR TOWN CATONS VI	Balti	22c DATE SIGNED 5/17/79 more, Md. 21204

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-01	1 -	FOR STATE REGISTRAR			DEPAKI	CERTIFICATE			REG. NO.	9 - 1	102.
N		CEASED NAME OR PRINT)	Flore		MIDDLE H.	Roeder		20 DATE OF DE		DAY YEAR	26 HOU 9,45
	3 SEX	Femal		4 RACE Whi		S. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS	_YRS_		
33	Bã	RTHPLACE STATE UNTRY) UTIMOR  TY OR TOWN OF	e, Md.	U.S.		MARRIED NE	EVER MARRIED DIVORCED	Bal	timore	Coun	
00	C	atonsv	ille	101 M	elvin A	Avenue	RINSTITUTION	120 USUAL OCI (TYPE OF WORK FOI Secre	CUPATION R MOST OF WORKING tary -	THE INDUSTR	Balt
3.5	13a S	Md.		rother institution NIY timore	GIVE RESIDENCE BEFORM TO VICE TO Catons	SUILL YES	NO [X		DRESS Melvin	Avenu	ıe
03	I4 FA	THER'S NAME GEORG	ge	WIDDLE	Hobbs	3	THER'S MAIDEN NA. Florenc	. <b>6</b>	NIDDLE	Hami	ilton
1		VAS DECEASED E		E WAR OR DATES)	217-58		r.George			. 212.	28.
		Conditions, if		DUE TO, O	R AS A CONSEOL	JENCE OF				/	
		gave rise to couse (01, s underlying c	immediate stating the ause last	(b) DUE TO, O	r as a consequ	uence of	LATED TO THE TERM	VINAL DISFASE O	R CONDITION G	IVEN IN PART	lia
2	IFICATION	gave rise to couse (01, s underlying c	immediate stating the ause last	DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQU			200 AUTOPS	Y? 206. IF Y IN CERT	GIVEN IN PART  VES, WERE FINITIFYING CAUS  YES	DINGS USEE
2	DICAL CERTIFICATION	gove rise to couse to 1, s underlying c PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY //	immediate cloting the ause lost ause lost SIGNIFICANT ( ERATION  SUNDERLYING CAUSE OF DE-	DUE TO, O  (c)  CONDITIONS CO  196 COND  ATH HOUR A. ) P.	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY M. MONTH C	DEATH BUT NOT REI H OPERATION WAS F  DAY YEAR 19	PERFORMED	200 AUTOPS	Y? 20b. IF Y	YES, WERE FINI TIFYING CAUS YES []	DINGS USEC ES OF DEAT NO
2	- 1	gove rise to couse (01, s) underlying c underlying c PART 2 OTHER  19a DATE OF OP  21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 21d INJURY OCCUPANT OF COURT	immediate totating the ause lost lost lost lost lost lost lost lost	DUE TO, O  (c)  CONDITIONS CO  198 COND  ATH HOUR A. )  216 PLACE (AT HOME, STR	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D  OF INJURY  REET, FACTORY, OFFICE.	DEATH BUT NOT REI H OPERATION WAS F DAY YEAR 19 216 HC	PERFORMED	208 AUTOPS  YES N  RED (ENTER NATURE	Y? 206. IF Y IN CERT	YES, WERE FINI TIFYING CAUS YES []	DINGS USEC ES OF DEAT NO
2 7	CAL	gove rise to couse to 1, so underlying c underlying c PART 2 OTHER  19a DATE OF OP  21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A TWORK N. N. 22a   Certify the sow the delay of the couse of the couse of the delay of the couse of the delay of the couse of the delay of the couse of th	immediate clothing the ause lost ause lost standard (CANT)	DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  ATH HOUR A. ) P.  21e PLACE (AT HOME, STR	ONTRIBUTING TO  ONTRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE,  It deceased from,	DEATH BUT NOT REI  H OPERATION WAS F  DAY YEAR  19  21t. HC	PERFORMED  OW INJURY OCCUR!  OCATION STREET  19  n (my) (our) opinion	200 AUTOPS  YES N  RED (ENTER NATURE	Y? 206. IF Y IN CERT OF INJURY IN ITEM 18 IY OR TOWN 28 STAFF	COUNTY  19 79  Our ond from the state of the	DINGS USEI LES OF DEAT NO [ ]  st  that (1) (v he causes state TE SIGNED
2 7	MEDICAL	gove rise to couse (01, so underlying countrying countrying country)  PART 2 OTHER  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  21d IN JURY OCCUPY COUNTRY C	immediate totating the ause lost lost lost lost lost lost lost lost	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  ATH P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY M. MONTH D  M. OF INJURY REET, FACTORY, OFFICE,  In deceosed from  Office decents.	DEATH BUT NOT REI  H OPERATION WAS F  DAY YEAR  19  211 LO  FARM, ETC.)  211 LO  DEGREE  M.D.	PERFORMED  OW INJURY OCCUR!  OCATION STREET  19  n (my) (our) opinion	200 AUTOPS  YES N  RED (ENTER NATURE  CIT  to 500  deoth occurred of  MEDICAL  DIRECTOR D	200. IF Y IN CERT OF INJURY IN ITEM 18 TY OR TOWN  28 The date and have a staff PHYSICIAN	COUNTY  19 79  1220. DA	DINGS USEI LES OF DEAT NO (2)

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10 HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

NAME

736 Édmondson Ave. Catonsville, Md. 21228

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Penals The artitle Wev. o, 1908 Fund Now Maiffixore Doyones 112 . x . x . x . and providing work No to the care of the company of the control of the The second secon The interior of the contract o

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medical examiner must be natified at ance

completely filled in by the function 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burnol-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene priar to burnol, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumotic event, the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10. 19-11	1 0 2 0
	1. DECEASED NAME	FIRST HT1+	MIDDLE	e HRE	20. DATE OF DEATH	MONTH DAY YEAR	
74	3. SEX  Jemule  70. BIRTHPLACE (STATE ORFO  TOUNTRY)  - US	1. RACE Whe	S. DATE COUNTRY? 8 MARRIE	DF BIRTH DAY VEAR VEAR VEAR D NEVER MARRIED	4 7		AR IF UNDER 24 MRS
2	Fuller for	TH 11. NAME OF	HOSPITAL, NURSING HOME CONFACILITY OF STREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewif	ION 126 KINI DE WORKING LIFE INDUST	D OF BUSINESS OR RY Lemaking
5	USUAL RESIDENCE (IF NURSI	13b PUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔀		e Curi Rel	17126
1	14 FATHER'S NAME FIRST Charles		King	15 MOTHER'S MAIDENNAMERS Cather	ine		flace
	160 WAS DECEASED EVER I (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR ORDATES)	216-10-5784.	17. INFORMANT A Maxine C.	Schulte	7550 Bel	air Rd.
	18 CAUSE OF DEATH PART I. DEATH W	I (Enter anly one couse per AS CAUSED BY: IMMEDIATE CAUSE (o)	Cardio Pena			1-	ROXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if only, gave rise to imm couse (o), stoting underlying cause	which ediate the lost. (b) DUE TO, O	R AS A CONSEQUENCE OF	elevolie CO			
)	190. DATE OF OPERAT	etes Mell	ONTRIBUTING TO DEATH BUT		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
/	OR CONTRIBUTION C.	AUSE OF DEATH HOUR A. LEXAMINER) P.	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	YES NOW	YES THE TEM 18, PART 1 OR PART 2	NO []
	WHILE NOW WHI	ILE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	. 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	sow the deceases	this hospital) attended the dive an diversity view the bady	alter death.	nd that in (my) ( on opinion of		22c DA	that (we) lost the causes stated
	THE PHYSICIAN'S NA		Hyle	220 ADDRESS 2527 B	DIRECTOR PHYSIC	CIAN .	-12.79 mel
	23a. BURIAL, CREMATION, R	REMOVAL 236. DATE		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE

BP\_ DHMH - 16 60M 7/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

> 24 FUNERAL DIRECTOR Lassahn Funeral Home

7401 Belair Road

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

completely filled in by the

ned by the offending physician and coplease remave corbonpapers. Poges 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the haspital or

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injury, ar other troumotic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	19	-111	) [ 1
	CEASED NAME	FIRST	,	AIDDLE	Į.	AST		20. DATE OF	DEATH /	MONTH [	DAY YEAR	2b HOUR
(TIPE	ORPRINT)	LAI	RD B	URCHURD	F	ROSE				5	30 79	11:05A M
3. SE	Male		4 RACE Whi	te	June		1914	6. AGE (INYE			MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF U.S	· A •	? 8 MARRIE WIDOWE		MARRIED .	9. BALTIMOI B			County	MD.
10 C	Towson	TH	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Baltimo	T ADDRESS)			120. USUAL C (TYPE OF WORK Super	FOR MOST OF			
130. 9	Maryland	136 COUN		GIVE RESIDENCE BEFO 13c CITY OR TOV Timoni	WN	YES 🗌	NO 🛣			Ridge	Rd. T	21093 imonium
14 FA	ATHER'S NAME FIRST Abel	B	MIDDLE	Rose			'S MAIDEN NAA FIRST <b>rgaret</b>	ΛE	MIDDLE F.		Mil	
	VAS DECEASED EVER YES, NOOR UNKNOWN)		MED FORCES? WAR OR DATES)	213-09-		Mrs. E	ant <b>Imedia</b> '	Tyler	309		21093 y Cour	t Rd.
z	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediote ig the lost	DUE TO, O  (b)  DUE TO, O  (c)	Liver far as a conseou Cirrhosia R as a conseou Dontributing to	JENCE OF S OF JENCE OF		114	INAL DISEASE	OR CONE	DITION GIV	VEN IN PART 1	(0)
TIFICATIO	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?	IN CERTIF	S, WERE FINDI FYING CAUSE ES X	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURI WHILE NOT W AT WORK AT WO	CAUSE OF DEA	P. 21e. PLACE	M. MONTH ( M.	19	21s. HOW I		ED (ENTER NAT	CITY OR TOW		PART 1 OR PART 2}	STATE
	220.1 certify that XI) sow the decease above, XII (we) (c		= 100	1	4/2 79	7 nd that in (X	, 19 <u>79</u> (our) opinion o	, to	5/30 d on the do	ite ond hou	or and from the	
	22h SIGNATURE	l e	K			DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN X		80/79
		les C	. Brown	M.D.		22e. ADDRE	ss 1 N. Cha			owson	, Md. 2	21204
23a. E	BURIAL, CREMATION, SPECIES, Burial	REMOVAL	23b. DATE 6/2/7			EMETERY OF	CREMATORY	23d. LOCA CITY OF Bal	timor	е	COUNTY	Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

Leonard J. Ruck, Inc. 5305 Harford Rd. Balto.

Baltimore JUN 1 ISTRAR'S SIGNATURE 1979

Maryland

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	retained by the haspital or attending physician.
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DHMH - 16 50M 7/77 (VRA 15 (4))

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- 1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
25		CEASED NAME	AMES	WARR	011 5	AST		MONTH DAY YEAR	26. HOU!
	0.051					WARK	19,	MAY) IF UNDER I YEAR	FUNDER:
	3. SE)	MALE	4 RA	NhITE	5. DATE C	1. 18 18-96	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS
if ance.	7a, BII	RTHPLACE STATE ORF	OREIGN 76 CI	US 19	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	n	MORE COUNTY	Ty
notified 8	10 CI	TY OR TOWN OF DE	ATH 11. (	NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIVE HOLLY 1711		PROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	1
fmust be	USU / 13a. S		SING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE 130 CITY OF		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	swick Ro	1
examine	14. FA	THER'S NAME	MIDDLE	Rua	RK	15 MOTHER'S MAIDEN NAME OF THE STATE OF THE	Louise	Ty/e/	1
medical	16a V (Y	AS DECEASED EVER	IN U.S. ARMED	OR DATES)	3-1852-A	F. MARIAN	MEARA 46		- Ro
njury, or other tra	NO	gave rise to im couse o), statu underlying cause	ng the last	DUETO OR AS A CON	- M	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 110	a)
aws ony	CERTIFICATION	190 DATE OF OPERA	TION	96 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH
tem 18 sh		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	TIB. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
orked or 1	MEDICAL	21d. INJURY OCCUR	HILE (	10 PLACE OF INJURY AT HOME, STREET, FACTORY, O	DFFICE, FARM, ETC	THE LOCATION STREET	CITY OR TOV	VN COUNTY	STA
21 is mo		27a.1 certify that (I	edualive on	thended the deceased Land the body atter death	163	d that in (my) (aur) opinion	death accurred on the de	ate and have and from the	
if then		27h SEPAGOUSE -	7	Felfic	ell!	TTENDING PHYSICIAN	MEDICAL STA		MLL
IMPORTANT		224 PHYSICIAN'S N	AME THE CEPTAL			THE PUMPERS.			
IMPORTANT		URIAL, CREMATION		/	Tan ways on a	EMETERY OR CREMATORY	23d LOCATION		1

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ottending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

A	1	
ON ST., BALTIMORE, MARYLAND 21201	oth certificate be executed within 24 hours ofter death. Page 4 may be	nding physicion and completely filled in by the funeral director, page 3 cobonpapers. Pages 1 and 2 should be filed within 72 hours ofter death

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7 9 -	-	0	2	9
REG. NO.	-			

L		REGISTRAR		CENTIN	ICAIL OI DEATH	REG.	NO.		
Ī		EASED NAME FIRST	WIDDLE	l l	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
l	(III)	Kather	rine C.		Rupp	May 6.	1979		7.20 7
ľ	SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	24	Female	White	Jun		61	YRS	MONTHS DAYS	HOURS MIN
F		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8 Sep	efated Annied	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
L		Md.	U.S.A.	WIDOWE		Bal	timor	e Count	ty MD.
I		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	17g USUAL OCCUPA		12b. KIND O	F BUSINESS OR
t	F	Balto.	Dulaney To	wson N	ursing Home		Y OF WORKING ER	Ins.	. Co.
F	USUA 13a S	IL RESIDENCE (IF NURSING HOME OF			136. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
I		Md.	Bai	lto.	YES NO	5802 M	oores	Run Go	ourt.
I	4 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			LASI	
1		John	F. A11	ld	Lillia			Wes	
Ī		AS DECEASED EVER IN U.S. AR	E WAR OR DATEC	SECURITY NO.	17 INFORMANT		RESS		
1	(1)	no (IF TES, GIVE	212-2	8-5720	Thomas Lea	ch (son)	7908	Elmhur	rst Ave.
f		18 CAUSE OF DEATH  Enter on	nly one couse per line for (o , (b		,			BETWEEN	MATE INTERVAL ONSET AND DEATH
l		PART I. DEATH WAS CAUSE	TE CAUSE (6) BR	4/N 7	TUMOR (G	TLIOMA)		5	months
ı		1919	DUE TO, OR AS A CONSE	QUENCE OF		friendly.			
l		Conditions, if ony, which	( b)						
ı		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUTNICE OF					
ı	91	underlying couse lost	DUE TO, OR AS A CONSE	OUEINCE OF				49	
l		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 110	01
ı	No.								
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
ı	CERTIFICATION					YES NO	-	ES [	NO [
1	E C	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18,	PART 1 OR PART 2)	TATE OF
ı	Y.	OR CONTRIBUTING CAUSE OF DEA	AID	19					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR	COUAL	COUNTY	
ı	٤	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	SINCE	CHTOR	OWN	COUNTY	STATE
ı	Œ	22a I certify that (I) (this hospi	trol) attended the deceased from	om 2/	11 19.79		119	19.79	that (I) (we) lost
ı		sow the deceased alive on	of view the body ofter death.	19 -74.01	nd that in (my) (por) opinion (	death occurred on the	date and has	ur and from the	couses stoted
1		226. SICHATURE	(100/1/4		DEGREE			22c. DATE	SIGNED
L		Holamon	W Koson	S	ATTENDING PHYSICIAN	DIRECTOR PHY	SICIAN	5/7/	79
1		224 PHYSTCIAN'S NAME (TYPE O			22e ADDRESS		191 1	111	
l		Dr. Solom	non D. Robbin	ns	10211 D	olfield ]	Rd., (	Owings	Mills
Ī		URIAL, CREMATION, REMOVAL	. 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
1	13	Burial	5/10/79	Garden	s of Faith	Balto			Md.
	24 FU	Schimunek Fu	uneral 33	31 Bre	hms Lane 250. DATI	E REC'D. BY REGISTRA	R 25b. REGIST	TRAR'S SIGNAT	URE
1		Home, Inc.		Ito. M	3 3 73 74	8 1979	tray	tray/1000	ready
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low reteined by the hospital or attending physician.

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# after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and emplement should be detached for use as the burial-transit permit. Then please remove corbonpapers frages and a thin with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital ar attending physician.

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	7	9	-	1	1	0	3	0
REG	NO	,						

DECEASED NAME 1881 MODE 1.35  J. SEX RACE S. DATE OF BRITH Y Y A AGE (INTERNALLY REPORT) ON 1888 P. HOURS AND A	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
SEX RACE    RACE   RACE   S. DATE OF BIRTH N.			WIDDLE	LAST		OAY YEAR 26. HOUR
SEX. S DATE OF BIRTH / S OF THE STATE OF BIRTH / S OF THE STATE OF BIRTH / S OF THE STATE OF THE	(TYPE		IE M.	RUSHING	MAY 14	10 -0 20
The BRITHLAGE STATE OR FORCE OF THE COUNTY OF BATH  ABOUT SEASON OF DEATH  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF DEATH  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL, NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION  III. NAME OF MOSPITAL NURSING FORCE OR OTHER NOTITUTION FOR	3 SE	EX		5 DATE OF BIRTH / 8 / 89	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
BRITHPIACE LISTATOR FORTON   TO CHIEF OF WHAT COUNTRY   MARRIED   NEVER MARR	E	emale	111.	MONTH DAY YEAR	- 22.8 de	MONTHS DAYS HOURS MI
II. NAME OF HOSPITAL NURSING HOME OR DIVER INSTITUTION   THE USUAL OCCUPATION   THE NOTE WORKER OF HOME OF WORKERS OF HE NOTE	70. B	BIRTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUN	NTRY? 8	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
In City or Town of Death   In . Make of Hospital, NURSING HOME OR OTHER INSTITUTION   The USUAL OCCUPATION   ITS INFO OR BUSINESS (INDUSTRY)   INDUSTRY	1		USA			County
SOLAR PROPERTY OR ALL CONTRIBUTION OF THE ADMISSION STATES ADMISSION STATE	10 C		11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS
AND ASSOCIATED THE SIGNAL PROPERTY OF THE SIG	R	andallstown	W u -	STREET ADDRESSION OF W. HOM	0 1/	
THE FATHER'S NAME  INCOME  INSTITUTE OF THE PROPERTION  IN A SPER MODIL  IN A SPER MODIL  IN A SPER MODIL  IN IN A SPER MODIL	USU	JAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE		1.	91 1/07
15 MOTHER'S MADE   MODIE   MAST DE NOTE   MODIE   MAST DE NOTE   MODIE   MAST DE NOTE   MODIE   MODI	130	1/10	/	\	000	oul ho
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAMG-MS (175, NO RUMONOWN) 167 SE GREWARD FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAMG-MS  1715, NO RUMONOWN 167 SE GREWARD FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAMG-MS  1716 AND DECEMBRISH AND DEA  1716 AND DEATH WAS CAUSED BY.  1716 DATE OF OPERATION 1716 INJURY OCCURRED 1716 INJ	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN N	NAME	
16 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   SAME AS   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 318   LUCILLE   AND BRSON   BAS OF BATE   12 - 22 - 23 - 23 - 23 - 23 - 23 - 23 -	1		1/		41 A	LAST
18 CAUSE OF DEATH. Enter only one couse per pres por to, (b), and ic.   RAPROXIMATE INTERVAL.   RAPR		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL			SAME AS
18 CAUSE OF DEATH. Enter only one couse per jump to 10, 10, and 10.	1	(YES, NO OR UNKNOWN) (IF YES, GIVE		22-318 1 Luciel	c ANDERSON	
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR PRODISEOURNEE OF GOVE rise to immediate gove rise to	-	THE CALISE OF DEATH (Enter on			- The DOINGIN	
DUE TO, OR ANACONSEQUENCE OF  Conditions, if ony, which gove rise to immediate course iol, stoling the underlying course lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  196 DATE OF OPERATION  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETHER, NOTHER MEDICAL EXAMINER)  216. PLACE OF INJURY (OR TOWN MEDICAL EXAMINER)  2176 NOT WHILE  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 1970 THE PLACE OF INJURY (OR TOWN COUNTY STATE)  218. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 1980 THE NOT WHILE  219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  219. SIGNATURE  220. AUTOPSY?  230. AUTOPS		PART 1. DEATH WAS CAUSE	DBY.	1 . 10		BETWEEN UNSET AND DEA
Conditions, if ony, which gove rise to immediate cause rol. storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 1208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO VES NO OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 1/R ETHER, NOTEWISE MEDICAL EXAMINER) P.M. 19  210. AUTOPSY? 1208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  HOUR A.M. MONTH DAY YEAR 1/R ETHER, NOTEWISE MEDICAL EXAMINER) P.M. 19  210. AUTOPSY? 1208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  HOUR A.M. MONTH DAY YEAR 1/R ETHER, NOTEWISE MEDICAL EXAMINER) P.M. 19  210. AUTOPSY? 1208. IF YES, WERE FINDING SUSED IN CERTIFYING CAUSES OF DEATH?  HOUR A.M. MONTH DAY YEAR 1/R ETHER, NOTEWISE OF DEATH P.M. 19  210. AUTOPSY? 1208. AUTOPS		MMEDIAT	E CAUSE (a)	more recited		
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DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost   Due to, or as a consequence of underlying cause lost   Due to, or as a consequence of underlying cause lost   Due to, or as a consequence of underlying cause lost   Due to, or as a consequence of underlying cause   Due to, or as a consequence of underlying cause   Due to, or as a consequence of underlying cause   Due to, or as a consequence   Due to, or as a consequenc			( b) L	Cerebro un cuce	n comen	
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190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES NO PERFORMED  110. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  P.M.  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINE)  1210. AUTOPSY?  1210. AUTOPSY.  1210. AU		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GIV	VFN IN PART 1(a)
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The properties of the properti	F	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YE	
210. ACCIDENT WAS UNDERLYING   71b. TIME OF INJURY   71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)  210. ACCIDENT WAS UNDERLYING   71b. TIME OF INJURY   71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)  21c. PLACE OF INJURY   72c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)  21d. INJURY OCCURRED   72c. PLACE OF INJURY    FF						
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING AUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING COUNTY  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27d. I certify that (I) (this hospital) attended the deceased from  Sow the deceased alive on  above, (I) (two) and I (did not view the body after death.  27e. SIGNATURE  DEGREE  TENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN D	ER -	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121c HOW INJURY OCCI		
270. I certify that (I) (this hospital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10						
270. I certify that (I) (this hospital) attended the deceased from 19 79, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (I) (we) with the body after death.  27b. SIGNATURE  DEGREE  TENDING  MEDICAL  STAFF  PHYSICIAN S NAME (Type or PRINT)  27c. DATE SIGNED  27c.	Į Š					
270. I certify that (I) (this hospital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	1 8				CITY OR TOWN	COUNTY STATE
sow the deceosed alive on obove, (I) (we) with the body after death.  276. SIGNATURE  DEGREE  TENDING  MEDICAL  STAFF  DIRECTOR  PHYSICIAN STAFF  276. DATE SIGNED  276. ADDRESS  SHAFF  COUNTY  STATE  SAVAGE	1	AT WORK			1-11-0	00
DEGREE  276. SIGNATURE  DEGREE  TENDING MEDICAL STAFF  PHYSICIAN S NAME (TYPE OR PRINT)  276. ADDRESS  DEGREE  TENDING MEDICAL STAFF  DIRECTOR PHYSICIAN STAFF  276. DATE SIGNED  276. DATE SIGNED  276. DATE SIGNED  276. DATE SIGNED  276. ADDRESS  SAUACE  TO ADDRESS  THE SAUACE		22a I certify that (I) (this hospit	tol) ottended the deceased f	rom 5 14 19	1, to 3 / 14	19, that (1) (we)
DEGREE  WYSTENDING MEDICAL STAFF  1726. PHYSICIAN S NAME (TYPE OR PRINTIP)  1726. ADDRESS  SHITE COUNTY GEN. 14  1736. BURIAL CREMATION, REMOVAL 1236. DATE  MAY 17, 1979 SAUAGE CEN SAVAGE ON D STATE	13	sow the deceased alive on,	5 / (Ψ	19, and that in (my) (our) opinio	on death occurred on the date and hou	ur and from the couses stated
270. PHYSICIAN'S NAME TYPE OR PRINTING  270. PHYSICIAN'S NAME TYPE OR PRINTING  270. ADDRESS  SHATE  270. ADDRESS  SHATE  270. ADDRESS  SAUAGE  COUNTY  STATE  SAUAGE  SAUAGE  SAUAGE  SAUAGE  SAUAGE  SAUAGE  COUNTY  STATE			view the body after death.	DEGREE		22c. DATE SIGNED
270. PHYSICIAN'S NAME TYPE OF PRINTYD  BELLY ROU GON WEST  BELLY ROU GON WEST  BELLY ROU GON WEST  BELLY ROUNTY GON, 14  230. BURIAL CREMATION, REMOVAL 23b. DATE  MAY 17, 1979 SAUAGE CEN SAVAGE ON D  STATE		15/m	-3rle		MEDICAL STAFF	5/14/
BERNSLADO GONGRES BALTO. COUNTY GEN. 14  236 BURIAL CREMATION, REMOVAL 236. DATE MAY 12,1979 SAVAGE CEN SAVAGE ON D STATE	-	224 PHYSICIAN'S NAME AVEC	a papara		DIRECTOR PHYSICIAN LA	71.11
230 BURIAL CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN  AC MAY 17, 1979 SAVAGE CEM SAVAGE ON D  STATE	100	REHABL	.0 0 / \	PMIST RAIT	FI COUNTY	GIN 11
BURIAL MAY 17,1979 \ SAVAGE CEN SAVAGE ON D		100101014	797 0014	018-63	0: 00.	0011, 11
SAVITURE OF THE SAVITURE OF TH	230	BURIAL CREMATION, REMOVAL	. 446		CITY OR TOWN	COUNTY STATE
250. DATE RECEIVE BY REGISTRARY SEIGNATURE	1	DURIAL	MAY 17 (4)	A DAVAGE CE	SAVAGE	omb.
LAST COM A MINE THE WIND	28	ONERAL DIRECTOR	181 CD 170	25a. D	ATT RELYS. BY REGISTRA 2 256. REGIST	ERARIS SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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executed within 24 hours

death certificate be

requires that the

### STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL H	YGIENE	11001
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3-11031
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	CARROLL	A,	RUSSLER.	5	7 79 11 7 M
3 SE	X 4 R	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	WAITE	October 12. 1904	74 YRS	MONTHS DATS HOURS MIN
		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Ma	PTINGGLOD WILL	U.C.A	WIDOWED DIVORCED	BALTIMORE COUN	ITY MD.
10 C	TY OR TOWN OF DEATH 11.		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	TOWSON	ST. JOSEPH H		RETIRED TRUEK DRIVE	E FUEL OIL
	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION]	1	NI FUEL CIT
130 3	STATE 136 COUNTY	13c. CITY OF TOWN		13e. STREET ADDRESS	A AUF
14. FA	ATHER'S NAME	107/2	15. MOTHER'S MAIDEN N	NAME	d AVL
	TOL MIDD	TO DISTER	MADT	A MIDDLE ST	TICKY F
IAn V	VAS DECEASED EVER IN U.S. ARMEI	P FORCES? TIBLE SOCIAL SECU	JRITY NO. 17, INFORMANT	ADDRESS	ICALE
(	YES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES)	-5275 Mos. W/ March	REDL RUSSLER	(SAME)
	18 CAUSE OF DEATH (Enter only o	ine couse per line for (o). (b): one	d/c.	/ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
17	PART I. DEATH WAS CAUSED B	Y 1 14 Co. 1	hourselan liven	dent	5days
	IMMEDIATEC	1			0
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE			
	gove rise to immediate couse (o), stating the	N			
	underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
NO					
AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
CERTIFICATION					IFYING CAUSES OF DEATH?
E E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		URRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (the baspital)	attended the deceased from_	11/2 1 19 7°	) 10 /1/pm 2	19 72 that (I) (90) lost
	saw the deceased plive on	my the Their eller death	27 And that in (my) ( opinio	on death occurred on the date and ho	ur and from the causes stated
	th Signature /	4/1/	DEGREE		171. DATE SIGNED
	Marlon 15	6/2//m 10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/5/29
	22d. PHYSICIAN'S NAME (TYPE OR PRI	NT	22e ADDRESS		11
	CHARLES H.	ATTON M	7.D 7600 DSL	ER DR. TOWS	ON, MID 21204
23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c N	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY STATE
1	BURIAL	MAV5, 1979 G.	ARDENS OF FAIT	h	
24. F	UNEHAL DIRECTOR	10	250. 🗆	ATTAKE P. BY RECIPIERAR 256. BLAN	Himy Handly

TO HOSPITAL BP.

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or offending physicion.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dired should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

IMPORTANT: If them 21 is marked or Item 18 shows ony

OR ATTENDING PHYSICIAN: The fow requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

# STATE OF MARYLAND

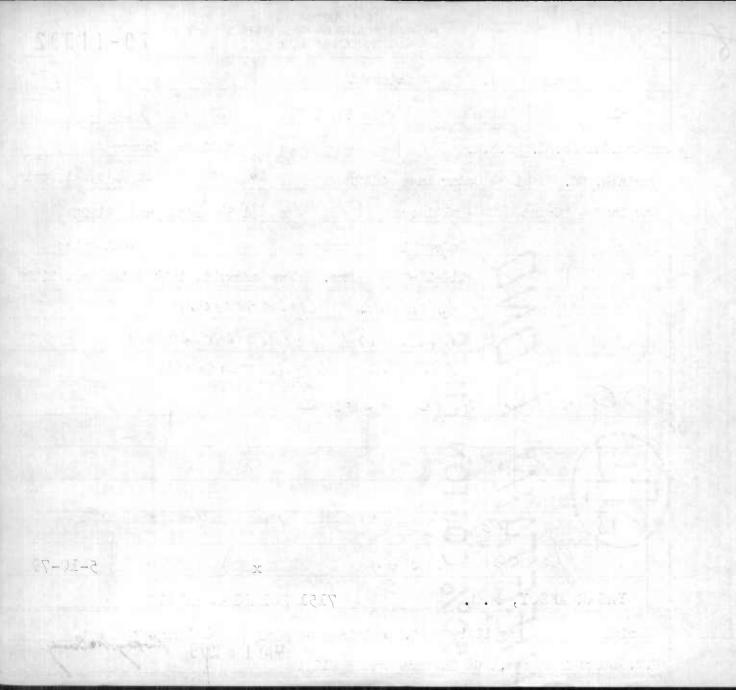
EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTI	FICATE	OF	DEATH	

7	9	-			0	3	2
P	V		9	6	0	0	60

	٦ -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE REG. NO	79-	1103	3 2
		CEASED NAME FIRST James	J.	MIDDLE	adowsl	ki	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNE	DERIYEAR IF L	JNDER 2
		Male	White		July	16, 1898 YEAR	80	MONTH	DAYS HO	URS
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O		EATH	
351		eArundel Co.Md.	U.S.A		WIDOWE		Baltimore	County		
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		KIND OF BL	
00		undalk, Md.	1934 C	edar Lane	212	22 <sup>T</sup>	g Boat Cap	tain Sad	owski ed	Tov
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU aryland Cour	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS 1934 Cedar	Lane 2	1222	
	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			1457	
130	P	eter	MIDDLE	Sadowski		Frances	MIDDLE	Woli	newicz	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
		NO		212-26-7	276	Mrs. Helen S	adowski, 19	34 Cedar	Lane .	212
	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUE	NCE OF	Renal	rioscler failur mal disease or conf	e	PART I/o	
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	CAUSES OF	USED DEATH
9	1000	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDICAL EXAMINES			Y YEAR	21c. HOW INJURY OCCURP				.0 _
	PEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, S	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OF TOW	vN CO	YTAU	STA
	2	AT WORK NOT WHILE AT WORK					4.1			
	×	22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did), did n	Mar	1 19	1	nd that in (my) (our) opinion	to Ally death occurred on the do		from the cous	es sto
	×	22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	ott view the bod	1 19	19 16	DEGREE  ATTENDING PHYSICIAN	medical Star	FF		ses sto
1	×	220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	n Alas	Chr.	19 16	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	FF CIAN [	from the cous	nes sto
7	23n F	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  YASAR AKSO	DR PRINT)  OY, M.I.	tothe death 19	on on	ATTENDING PHYSICIAN PARTS ADDRESS 7151 HOLD	MEDICAL STAF	FF CIAN [	from the cous	-79
1	- 1	220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	DR PRINT)  OY, M.I.	19 19 19 19 19 19 19 19 19 19 19 19 19 1	og lane of co	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF DIRECTOR → PHYSIC	FF CIAN [	from the cous  12c. DATE SIGN  5-10-	ses sto

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



requires that the death certificate be executed within 24 hours after

PHYSICIAN The low offending physicia

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O HOSPITAL

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF I	EATH		REG. NO.	19	-	103	) )
1 DECEASED NAME	FIRST	,	MIDDLE	Ł	AST		20 DATE OF D		TH DAY	YEAR	2b. HOU	JR.
(TIPE OXPRINT)	ANNA		S	SA	DTLER			5	3	79		· W
3 SEX		4 RACE		5 DATE C		YEAR	6 AGE IN YEAR	S LAST BIRTHDA	(F UN	DER I YEAR	IF UNDER	24 HRS
FEMAL	E	CAUCAS	IAN	9	13	99	79		YRS	15 DATS	HOURS	Miles
JO BIRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MAPDIE	NEVER	AARRIED [	9 BALTIMORE	CITY OR C	OUNTY OF	DEATH		
MARYLAN	<b>→</b>	U.	5. A.	WIDOWE		VORCED	BALT	IMORE	COUN	ITY		ME
O CITY OF TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INS	ITUTION	12m USUAL OC			S. KIND C	F BUSINE	ESS OR
TOWSON	100	ST JOS	EPH HOS	PITA	L		Home	Mak	ER			
USUAL RESIDENCE (#	NURSING HOME OR		GIVE RESIDENCE BEFORE		113d. INSIDE C	ITY LIMITS?	13. STREET AC	DRESS				
MARYLAND	_		BALTIM		YES 🙀	NO 🗆	271	1 FAI	T AVE			
14 FATHER'S NAME		AIDDLE	LAST		15. MOTHER	MAIDEN NA		MIDDLE		LAS	11	
JOSE	04	MAK	SHALL	•	11	VKNO	. /					
160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRESS				
NO			219 18	2590	MR	MELV	IN SA	DTLE	R			
PART 2 OTHER	ause lost	(c)_	R AS A CONSEQUE		NOT RELATED	TO THE TERM	AINAL DISEASE (	OR CONDITI	ON GIVEN II	V PART II	a i	
190 DATE OF OP	ERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOP	II.	b. IF YES, WE		OF DEAT	TH?
71e. ACCIDENT WA	S UNDERLYING	216 TIME O	F INJURY		ZIc HOW IN	JURY OCCUR	YES 1	NO DE OF INJURY IN	YES TEM 18 PART 1	OR PART 2)	NO [	
OR CONTRIBUTION		TH HOUR A.	M. MONTH D	YEAR								
21d INJURY OCC		21e PLACE			211 LOCATE STREET	ON	C	ITY OR TOWN	C	OUNTY	ST	TATE
220 I certify the			e deceased from_		ed that in (my)	_, 19	, to	on the date		from the	, . ,	,
obove. (1) (w	POOAN	view the body	ofter death.		DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF		22c. DATE		
224. PHYSICIAM	S NAME (TYPE OF	PRINT)			22e ADDRES							
///												
/ /												

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or other troumatic event, the medical exami

L. KACZGROWSKIDES25,25 FLEETS, 250 DATE REC 24 FUNERAL DIRECTOR
NAME
AYMOND 250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 18-11033

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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differ should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haurs with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical examiner must be notified at once. within 24 hours ofter executed OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be retained by the hospital ar attending physician.

TO HOSPITAL

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	J				~	-	

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.	
1. DE	ECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
(TYP	Joseph	J. Samsel			May 27, 1		7:40 P <sub>M</sub>
3 58	Male	White	S. DATE C	ril 14,1902	6. AGE (IN YEARS LAST BIRT		DAYS HOURS MIN
76 6	BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT C	MARRIE WIDOWE	D NEVER MARRIED [	Baltimore	R COUNTY OF DEA	MD
2	Rosedale	Franklin	AL, NURSING HOME CONGRESSION OF STREET ADDRESSION HOLD	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Manual	ON 126 K	kind of Business or using alto. City
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION GIVE RES	DENCE BEFORE ADMISSION) Y OR TOWN IMORE	13d INSIDE CITY LIMITS?	821W 36 th	Street	
14. F	Robert J. S	amsel	IAST	15 MOTHER'S MAIDEN I		Crogan	LAST
	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIV	WAR OR DATES	5-03-9107	Margaret Gr	anruth Reist	bledale Co erstown, N	ourt Md. 21136
CERTIFICATION	Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBU	Tibrill CONSEQUENCE OF  JING TO DEATH BUT  OR WHICH OPERATIO	NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	20b. IF YES, WERE I	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	21b. TIME OF INJUR HOUR A.M. MO		21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJUR	YES T	NO [
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU		211. LOCATION STREET	CITY OR TOW	/N COUN	STATE
	220.1 certify that (this hasp saw the deceased alive an above, ((we) (did) (did)	May 27	19 <b>79</b> or	24. 19.79 Id that in (-) (our) opinio	, to May 27	te and hour and fro	, 11101 (42) 1031
	226. SIGNATURE	Khau.	MD.	DEGREE ATTENDING PHYSICIAN		F	May 27, 1979
	Mukhtar Khan				klin Square I	rive 212	237
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE May 31, 1		emetery or cremator nd Memorial	Pk. Baltimor	e, Maryla	and
24 F	July Thrace	A Daving	ADDRESS Mills			25b. REGISTRAR'S SI	

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	ert at de ger		arroln Extended	grow they break goog	des ou
	or it was			Internal .	5 Sharks

n and completely filled in by the funeral di-Pages 1 and 2 should be filed within 72 ha

should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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79-	1		U	J	J

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG N	. 19	-	033
	DECEASED NAME	FIRST		MIDDLE		AST	2a DATE OF DEATH	MONTH OAY	YEAR	2b. HOUR
Ľ,	THE OR PRINTI	Frank	K	н.	S	andkuhler	MAY	3, 1979		3:43 pm
3.	MALe	1	White		S. DATE C	0F BIRTH 119-1892 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY] IF U	THS OAYS	IF UNDER 24 HRS
7	BIRTHPLACE (STATE O		U.S.	WHAT COUNTRY	MARRIE WIDOWS	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY OF		MD
3	CITY OR TOWN OF D	EATH 1	(IF NOT IN SU	HOSPITAL, NURSI THE FACILITY, GIVE STREE JOSEPH H	ET ADDRESS)	DR OTHER INSTITUTION	TYPE WORKS OF WORLD		INDY PA	r BUSINESS OR
3	JSUAL RESIDENCE (# N	URSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION) WN	134 INSIDE CITY LIMITS? YES NO [	13n 5596080085554	hony Av	e21	206
7	FATHER'S NAME,	nk Sanä	Kuhler	LAST		15. MOTHER'S MAIDEN NAME FIRST AN	na J. Brock	schmidt	LAS	ST
7 11	(YES, NO DE UNKNOWN)	ER IN U.S. ARM		214-03		Mrs. Loretta	Kerby - 43	27 Berg	er Av	e21206
Γ	18 CAUSE OF DE	ATH (Enter only WAS CAUSED				rive heart fai			BETWEEN	ONSET AND DEATH
2	PART 2 OTHER SI	GNIFICANT CO		ONTRIBUTING TO	DEATH BUT	er, bleeding NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	DITION GIVEN  206 IF YES, W	ERE FINDI	NGS USED
9							YES NO	YES [		№ □
/	OR CONTRIBUTING	CAUSE OF DEAT			DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2]	
	(# Either, NOTIFY ME  21d. INJURY OCCU  WHILE NOTIFY AT	WHILE WORK	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
1	22a I certify that, sow the dece above, it (we	(This hospite ased plive on (did) (Adam)			70	nd that in ( our opinion (	to May 3			that <b>X</b> (we) last couses stated
	226. SIGNATURE	land	elen	Inh	4.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		May	3, 1979
	NEST		CAR	MONA		6012 Harfor	d Rd., Balt	imore,	MD 21	1214
2	30 BURIAL, CREMATIO (SPECHY) Burio		236 DATE 5-7-7		Holy ?	EMETERY OR CREMATORY	236. LOCATION CITY OR DOWN to	. Md. 00	UNTY	STATE

TO FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

John (. M C. Miller Inc-6415 Belair Rd. -21206 balto.

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#### STATE OF MADYLAND FOR DEPARTME

<sup>24</sup> FUNERAL DIRECTOR

K. Law Funeral Home 4611 Park Heights Ave.

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4	0. 7	0. 79	0. 79 -	0. 79-1	0. 79-11	0. 79-110	0. 79-1103

250. DATE REC'D. BY REGISTRAR 256. REGUTRAR'S SIGNATURE

1 -	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10.	9 -		036	;
	CEASED NAME	FIRST		NIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY Y	/E AR	2b. HOUR	
( inc	D	ORDTI	44	R	SAK	DS			5	20	79	6.30	O Am
3. SE	FEMALE		RACE	ICK	5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER 24 HOURS	MIN
7a B1	RTHPLACE (STATE OF FO	DREIGN 75		WHAT COUNTRY?	8	D NEVER A	400150	9 BALTIMORE CITY			TH		100
C	Woward	Co, Mo	d. U.S.	Α.	WIDOWE		ORCED	B	all-	. con	mt	y	MD.
	TY OR TOWN OF DEA		. NAME OF H	IOSPITAL, NURSIN	IG HOME C	-	ITUTION	120 USUAL OCCUPAT				BUSINES	
11511	Baltima AL RESIDENCE (IF NURS		Balt.		, Ger	r. Hog	rital ,	Domest Domest			JSTRY	0	
13a. S	Md.	136 COUNTY Bla		13c. CITY OF TOW Baltin	N	13d INSIDE CI	NO 🖫	8728 Chur	ch L	ane 2	2113	3	
14. F.A	ATHER'S NAME	MIC	DOLE	LAST			MAIDEN NAM	AE MIDDLE			LAST		
	Howard C		inson				Mary T		311			7600	
	VAS DECEASED EVER	IN U.S. ARME	ED FORCES?	219-28-		17. INFORMA Hele		s, 8728 Ch		Lan	e 21	1133	
	18 CAUSE OF DEAT	H (Enter only	ane cause per	line for (a), (b), an	d (c)					- SE	APPROXIA	MATE INTERVA	ATH
NO	Canditions, if any, gove rise to immacouse 101, stating underlying cause	nediate ig the last	DUE TO, OR	AS A CONSEQUE	LERO	NOT RELATED		SCULAR DI			ART 1(a	13	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO	IN CER	YES, WERE			?
MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURI	CAUSE OF DEATH ALEXAMINER)	P.A 21e. PLACE C	M. MONTH D. M. DE INJURY	AY YEAR	211 LOCATIO		ED (ENTER NATURE OF INJU					
Ž	WHILE NOT WE AT WO	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.]	STREET		CITY OR TO	WN	COUN	ITY	STAT	E
	22a I certify that (I) saw the decease above, (I) (we) (c	(this hospital	5-	20-197	9, or	5 - 16.  nd that in (my)	, 17	to 5	ate and h	_, 19_70 aur and fro	/	hat (I) (we	
	226. SIGNATURE	-				DEGREE				226.		SIGNED	"
	Comment of	5.	S. Sa	gar			TTENDING HYSICIAN	MEDICAL STA			5-	20-7	19
	22d. PHÝSICIAN'S NA		SAGAF	2		22e ADDRES	90	BCGH					
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23 c 1	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY		STATE	
	Burial	367	5/24	/79 W	est I	Liberty	Churc		svil	le, M	[d	UTATE.	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The la etained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

DHMH - 16 50M 7/77 (VR A 15 (4))

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# FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10		0						

'	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	019-	- 110	J 1
	DECEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
	TE OK FRIINTY	Alfred	1	Irving		Sanner	Ma	y 14,1	.979	3:30p M
3 5			4 RACE		5 DATE C		6 AGE   IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		Jai		84	YRS	MONTHS DAYS	HOURS MIN
7a	BIRTHPLACE (STATE (	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			
	Maryland				WIDOWE	DIVORCED	Baltimo	re Cou	inty	MD.
10	CITY OR TOWN OF Reisters		LIF NOT IN SUR	CHEACILITY GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIF	126 KIND O INDUSTRY Build	F BUSINESS OR
TUS	UAL RESIDENCE (IF)			Bosley I			Carpente	r	Dulle	ling
130	STATE Md.	Bal	VIY _	eistersto	J	YES NO X	34 Bosle	y Lane		
14	FATHER'S NAME Alfr	ed	MIDDLE G.	Sanner		15 MOTHER'S MAIDEN NA Mary	Alice		Fish 'AS	т
160	WAS DECEASED EN	VER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	34 Bosl	ey Lan	ie	
	No			215-14-06	לכי	Richard Sanı	ner Reister	stown,	Md.	
	18 CAUSE OF DE PART I. DE ATE			line for (a), (b) and	Tim	5 S/2 +	Dio.		BETWEEN	MATE INTERVAL
	11116	IMMEDIA'	re CAUSE (a)	Orge		- Meno	C'aburx		IN	nouls
	Conditions, if	any which	DUE TO, O	RAS ACONSTQUE	NCE OF	Donnin			9/	0111
	gove rise to	immediate	0)	R AS A CONSEQUE	NCEOF	au a			1	
	underlying co		( 10,0	K AS A CONSEQUE	ACE OF					
z		GIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
5	19a DATE OF OPE	PATION	TIDE COND	ITION EOR WHICH	DEBATIO	N WAS PERFORMED	200 AUTOPSY?	Tank IE VES	, WERE FINDIN	ICE HEED
CERTIFICATION	THE DATE OF ONE		170. COIND	THOR YOR WHICH	SPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
	00.000100000000000000000000000000000000	CAUSE OF DEA	1111	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCC	URRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		T WORK			am	10 29	Sw.	14	-70	
	saw the dec	eased oliver on	Myser	14 197	cel	id that in (my) (aux) opinion	death accurred on the d	ote and hou		that (I) (we) last couses stated
	above, (1) (w	(did) (didae	t view the body	after death.	U	REGREE	0		22c. DATE	
	(E)	The	lleas	ns)	ma	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗆	5-1	4.79
	CE	Mea	Tillian	45 M.	D	1904 Rostu	stown le la	tersto	- Mi	1.21136
230	BURIAL, CREMATIC		May 17			emetery or crematory r Cemetery	23d LOCANON CITY OR TOWN Californi	a St	COUNTY	STATE Md
24	FUNE AL DIRECTOR		Tray I	127/7 200	Meze.		E REC'D. BY REGISTRAR	256 REGISI	RAR'S SIGNAT	URE
	HAME Y.	Zelelia	rell Oiri	ngs Mills	, Md.	. MAY	1619/9	perfs	y/xec	rody
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BP. DHMH - 16 60M 1/75 (VRA 15(4))

TO HOSPITAL OR ATTENDING PHYSICIAN The IO retained by the haspital or attending physician TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the

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Kery Co. Sc.	. Is, a Metolika	THE PERSON	og 17,1979 Sherozen	M faire

# FUNERAL DIRECT WITHIN FILED, AND 3 TO THE RETAIN PAGE SHOULD BE P DEA: GES 1, 2, PM 3. VITAL OF VIT FORM DIVISION 3" IN PENCIL IN ITEM 18 AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. HYG JENE, MEDICAL 4 USED AS CHIEF E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA BE 0 BE FORWARDED EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGING DECEASED NAME LAST 20. DATE KNOWN LTYPE OR PRINTI OF ESTI LEONARD DEATH MATED G. 10 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH YEAR LAST BIRTHDAY MONTHS PRONOUNCED MALE CAUCASI 9 29 68 AN DEAD 1979 TO BIRTHPLACE ISTATE OR 16. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) BALTIMORE COUNTY Maryland U.S.A. WIDOWED DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired- Accountant Bethlehem 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK JOSEPH HOSPITAL TOWSON USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE THE COUNTY IJL CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21204 MARYLAND TOWSON SHELLEY ROAD BALTIMORE YES . NO X 904 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LABO AUDOUR Christian Saur Rose Mary Maurer 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS. LART MO, OR CHANNOWS Salen, Oregon 216-09-0578 William L. Saur No 18. CAUSE OF DEATH (Enter only one couse per line for ly BETWEEN ONEET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A SOM SEQUENCE OF REMOVAL Condition. If any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES 21g EXTERNAL CAUSE WAS 16. TIME OF INJURY 214, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE Inspection 22a. I certify that I taak charge of the remains described above, held an Autapsy death resulted from Natural couses-Suicide Undetermined manner Homicide DATE SIGNED EXAMINER'S NAME TYPE OR PRINT THE BURIAL CREMATION REMOVAL THE DATE IJK NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) Cockeysville Balto. Md. Dulanev Valley 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. 1050 York Road NAME

Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 17 (VR A15 ME (5)) 15M 7/77

BP.

	AUAR	MARD	
P 25 79		88 01 88 9 MAIRA	
YTHUGO - BRUTITUAR - COUNTY			
	JAT	ST JOSEPH MOSER	TOUSON
GAGE YELLER ADD X		MORANT JAMMITJA	MARYLAND
Enter March Street			
		<b>对于</b> 表示。	
	Miller		
CONTRACTOR OF THE PARTY OF THE		Andrews and report for	

201	rs offer death. Fage 4 may be	by the funeral of the	northed of once.	3.
SALTIMORE, MARYLAND 21	atte be executed within 24 hei	scion and completely filled in pen. Fages 1 and 2 should be of.	the medical gardminer must be	114
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificant be executed within 24 hours after death. Fagir 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely taled in by the funeral II/N should be detached for use as the buriol-transit permit. Then please remove correct rapper. Fages and 2 should be fixed within 72 their with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical entirement must be notified at ance	
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196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPST?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES   YES   NO   YES		cause (a), stoting the	DUE TO, OR AS A CONSEQUENT	Hed Arkurs	claim	Kus
270. I certify that (I) (this hospital) attended the deceased from 1979, and that the my burn opinion death occurred on the date and hour and from the causes stated above (I) was ided (and not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DEIRECTOR DEI	TION	afrial	phillston.	In /entroclimate	In hers front	is Kight!
270. I certify that (I) (this hospital) attended the deceased from 1979, and that the my burn opinion death occurred on the date and hour and from the causes stated above (I) was ided (and not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DEIRECTOR DEI	RTIFICA	NIA	NIA		YES NOW IN CER	YES NO DEATH?
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Sow the deceased alive an obove (1) was a did and not piew the body after death.  DEGREE  ATTENDING  ATTENDING  PHYSICIAN DIRECTOR PHYSICIAN   220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. ADDRESS  225. DATE SIGNED  226. ADDRESS  226. ADDRESS  227. DATE SIGNED  227. DATE SIGNED  227. DATE SIGNED  228. ADDRESS  228. ADDRESS  229. ADDRESS  230. BURIAL, CREMATION, REMOVAL  230. DATE  230. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE  230. ADDRESS  250. AD	MED		(AT HOME, STREET, FACTORY OFFICE, FAR	M, ETC.) 211. LOCATION STREET N	CITY OR TOWN	COUNTY STATE
278. BURIAL, CREMATION, REMOVAL 236. DATE SPECIFY BURIAL 5-21-19 PARKWOOD LEM. PARKWOOD PARKWOOD LEM. PARKWOOD LEM. PARKWOOD PAR		saw the deceased alive on	5/17 1979	ond that in my bur opinion of	death occurred on the date and h	
236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BURIAL 5-21-19 PARKWOOD LEVY. PARKVILLE BALTO. MD.		Olfins		ATTENDING PHYSICIAN		S-/18/79
(SPECIFY) BURIAL 5-21-79 PARKWOOD LEM. PARKVILLE BALTO. MD.		ALGINSO	H JANUSI	14 22 So Gu	ear ST SA 14	4. Mid 2/201
NAME ( ADDRESS	- (5	BURIAL	1	RKWOOD CEM.	PARKVILLE	BALTO. MD.
	0	NAME	RAL CHAPEL 88	11 - 110		

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ATTENDING PHYSICIAN: The

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retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours afti with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

WAPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examinermust be notified of page.

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# FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11	U	4	U
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Ľ	REGISTRAR				CERTIF	FICATE OF D	EATH	REG	NO.	9-11	040
	ECEASED NAME	FIRST	^	AIDOLE		LAST		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
,,,,,	Gert	rud	er	Max	Sol	Jam-6			5	279	845pm
3. SE	X		4 RACE		S. DATE C		MAAD A	6. AGE (IN YEARS LAST	BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	Female		CAC	IS.	10		86	9	2- YRS.	MONTHS	HOURS MIN
100	BIRTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	-	TRY? 8 MARRIE	D NEVER M	ARRIED	9 BALTIMORE DIT	OR COUNT	Y OF DEATH	
_	laryland			5.A.	WIDOWE	ED X DIV	ORCED			Count	
100	ITY OR TOWN OF DEA		LIE NOT IN SUC	HEACHITY GIVES	JRSING HOME ( STREET_ADDRESS)			12a USUAL OCCUPA	TOF WORKING I		F BUSINESS OR
-	ndallstow					lescer	t Hom	e Housew	lie		
130	9 9	136 COUN	TY	13c. CITY OR	TOWN	13d. INSIDE CI		13e STREET ADDRES	s		
	ryland	Ba	lto	Randa	llstow		NO X	-	HITT	Conva	lescent
14. F	Charles	TaY.	sley	LAST		15. MOTHER'S	IDS?	WIDDIE		Atki	Home
-				Bro		Fran		A	ORESS		
			WAR OR DATES)		SECURITY NO.	17 INFORMAL					21220
	no			212-1	.0-1540	ם מרון	win S	chamel	1212		
	18 CAUSE OF DEATH PART I DEATH WA	Enter on	y one couse per	line for (a), (b	o, and (c	. 11.		-		21	MATE INTERVAL DISET AND DEATH
			E CAUSE (a)	CONCI	FST 1 V +	HE	ART	TAILURE		HE	URS
	4290		DUE TO, OF	R AS A CONSI	EOUENCE OF			in the	-	-	
	Conditions, if dny,		( Ib)	14-77 1	P/U	SCLE	70776	CV. I	15E145	E WA	ssyt nie,
	cause (a), stating	g the	DUE TO, OF	R AS A CONSI	EOUENCE OF						
			( (c)								
Z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	M ==	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	)NDITION GI	VEN IN PART 16	31
CERTIFICATION	190 DATE OF OPERAT	ION	A B CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
FF								YES NOT		IFYING CAUSES	OF DEATH?
ER	21g. ACCIDENT WAS UND	ERLYING [	21b. TIME O	F INJURY	75 75 1	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IT			No Us
	OR CONTRIBUTING C				DAY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICA		P./ 21e. PLACE (		19	211. LOCATIO	N				
ME	WHILE NOT WH	HILE	(AT HOME, STR	EET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR	OWN	COUNTY	STATE
	22a I certify that		al) attended the	e deceased fr	om_ &	121	1972	- to 5/	,	1926	that W(we) lost
D	saw the decease above, (*) (we) (di	d alive on.		5/2	. /	nd that in (pg)	aur) apinion a	death occurred on the	date and ha	//	
	226. SIGNATURE	IIO I IOIO	view the body	arrer dearn		DEGREE		100000		22c. DATE	SIGNED
	hus	m5	5 8	hose	1		TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN A	5/2	199
	22d. PHYSICIAN'S NA	ME (TYPE OF				22e ADDRESS			1	1	11
	MARTI	N/ Y	F. STI	POBE	7	ROI	CAFE	PETUMA	/ m	7	
23a	BURIAL, CREMATION, F	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION			
	Burial		5/6//	1979	Glen H	laven (	Cem.	Glen E	unnie	COUNTY	Md.
24 F	UNERAL DIRECTOR						25MAY		AR Zulandy	A STATE OF	THE OWNER OF THE OWNER
	Raymond	C. I	ink	Gler	Burni	ie, Md.	1664.2			/	/

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FOR - STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D BY RECUS FRAR 256. REGISTRAN & SIC PATUR

70 11041

1	REGISTRAR		CERTIFICATE OF DEATH	REG N	0 19-	-	041
Ī	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	C / LAST	26. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L	CLARENCE	4.	JCHANKWEILER	MAY	16 17	17	6 . JU M
1	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS PAST BIR	THDAY) IF U	THE DAYS	HOURS MIN
	MALE	While	Dec 22 1900	18	YRS		
P	OUNTRY	76 CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
4	10 CIDYOR TOWN OF DEATH	DI. NAME OF HOSPITAL NUE	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	D D	ALIO	(0	MD.
9	PARKVILLE	(113) USUEHE OHITY CIVE ST	LITORNIA AVE	Pody + Ter		INDUSTRY	AUYO
9	USUAL RESIDENCE (IF NURSING HOME OF	YTY III OR J	PULLE YES NO P	13e SINEED ADDRESS	CAL, To	RNI	A. Hore
1	A FATHER'S NAME	MIDDLE Schankw	eiler LIZA	beth MIDDLE	We	LKe,	1
	(YES, NO OR UNINOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL S E WAR OR DATES) 2/6-09	9-8957 Charlotte	C. Schankw	eiler	SA,	ne
I	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b)	Accelled AM od al 1	1 - 22			MATE INTERVAL ONSET AND DEATH
1		TE CAUSE (a) NAM	enezer Mutry and	in ann		300	on-163
1	1889	DUE TO, OR AS A CONSE	OUENCE OF	10,10,	1	14	Comme
1	Canditians, if any, which gave rise to immediate	(b)	man f un	MALA		7	John
	underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF V		-1116		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	a
	NO N						
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
4	T T			YES NO	YES [		NO 🗌
1	OR CONTRIBUTING CAUSE OF DE	THOUSE A SE MONITUE	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M.	19 21f LOCATION				
1		(AT HOME, STREET, FACTORY, OFF		CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT WORK	ital) attended the deceased fro	om_ 80 : 1978	in Mars	16 10	79	that (1) (we) last
ł	saw the deceased alive an	han it	9 79 (, and that in (my) (aur) apinion	death accurred on the d			
1	22b. SIGNATURE	I view the body after death.	DEGREE	1 -		22c. DATE	SIGNED
	OrHarold	A Burns		MEDICAL STA		5-1	19-79
1	22d. PHYSICIAN'S NAME (TYPE C	11 0	22e ADDRESS	- Fed	Pol		
1	HAROLD	H. BURNS		ARIONA	ra		
1	230 BURIAL DEMATION, REMOVAL	236 DATE 2	NAME OF CEMETERY OR CREMATORY	23d LOCATION	2/18 000	UNIY	My SATE

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24 FUNERAL DIRECTOR

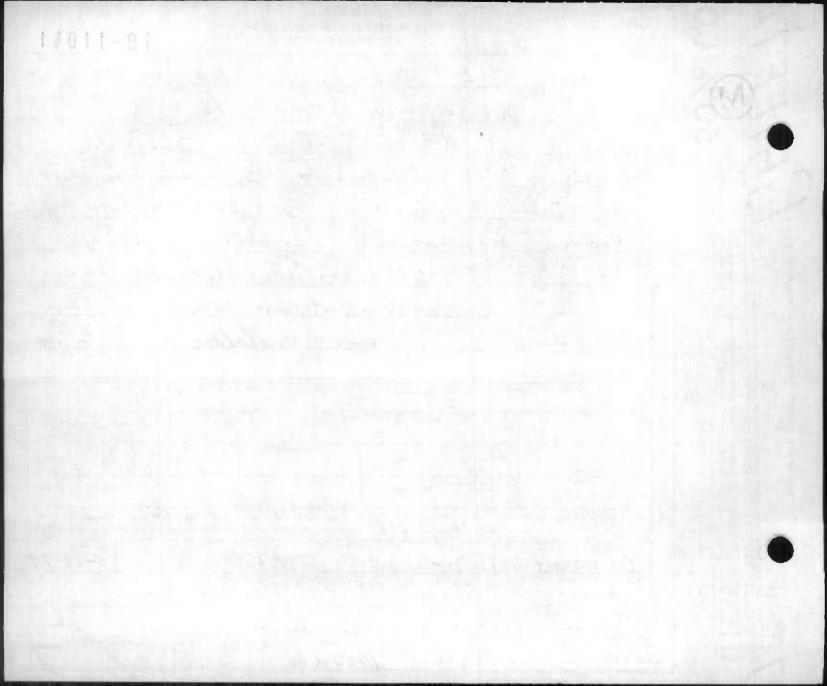
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages I and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-11012

•		REGISTRAR				CERTIFI	CALE OF	DEATH		REG. N	0.	3	1 1	UTZ	
П		CEASED NAME	FIRST	A	MIDDLE	LA	ST		20. DATE OF			DAY	YEAR	26 HOUR	
у	(TYPE	OR PRINT)	Georg	e C.	Sc	hissle	er		May	19.1	979			4:00	AM
	3. SE	X		4 RACE		5 DATE O		70-01	6. AGE (IN YE		p		R J YE AR	IF UNDER 24 H	R5
-		Male		Whi	te	нтиом 8	DAY 4	YEAR 23	55		YRS.	MONTHS	DAYS	HOURS MI	7
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		MARRIED []	9 BALTIMO	RE CITY C		Y OF DE	ATH		
Z	- (	OUNTRY) Md.	1	U.	S.A.	WIDOWEL		NORCED	Balt	imore	Coun	ty			MD
0	10 CI	ITY OR TOWN OF	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)		NOITUTIT	TYPE OF WOR	K FOR MOST C	OF WORKING L	IFE) INC	USTRY	F BUSINESS	
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3		Md.	135 COU		Balto.	N 1	13d INSIDE (	NO 🗆		ADDRESS 18 Fi	ırley	Ave			
n.n	14. FA	ATHER'S NAME		MIDDLE	LAST			S MAIDEN NA	ME	MIDDIE			Comb		
711	160.34	Simon WAS DECEASED EV	ED IN ILS AS	MED FORCES?	Schissle		17 INFORM	llian		ADDRI	FSS		CIUD	5	
2	()	YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES) Korear			TY HAT OKNO	411		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		18 CAUSE OF DE	ATH (Enter or	nly one couse per	fine for (a), (b), and	d (c							APPROXI	IMATE INTERVAL ONSET AND DEAT	тн
	200	PART I. DEATH		TE CAUSE (0)	Massive	Du	- lmono	~	emb	olin		1			
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		PART 2. OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT I	NOT RELATE	O TO THE TERM	AINAL DISEAS	E OR CON	DITION G	VEN IN	PART 1(c	01	
	CERTIFICATION		HIS	to cysto	mud -										
-	CA.	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTO	OPSY?	20b. IF YE	S, WERE	FINDIN	OF DEATH?	
4	THE							LESSON !	YES 🗌	NO		ES 🗌	-10000	NO 🗆	
		210. ACCIDENT WAS		216. TIME O		AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NA	TURE OF INJU	RY IN ITEM 18.	PART I OR	PART 2)		
7	CAL	(IF EITHER, NOTIFY M	_	AIA .		19									
	MEDICAL	216 INJURY OCC		21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC.)	211 LOCATI	ÖN		CITY OR TO	WN	COL	INTY	STATE	
	2	AT WORK AT	WORK					TEACH.						ALC: U	
		22a I certify that		2/20	e deceased from _	1/2/1		. 19 79		19		, 19	79	those (we)	last
			eosed plive on	view the body	ofter death	79_, on	d that in-imy	(our) opinion	death occurre	d on the d	ote and ha	or and f	rom the	couses stated	1
		226. SIGNATURE	A 61	er_		C	EGREE	ATTENIO 11 10	MEDICAL	074		22	c. DATE	SIGNED	
			Bak					PHYSICIAN [	MEDICAL DIRECTOR	D PHYSK			5/	19/79	
1		226 PHYSICIAN'S	NAME (TYPE C	PRINT)			22e ADDRE	SS	- 1	200		W			
U		Bake	er. M.I	).			76	20 York	Road.	Tows	son Mo	1. 2	1204		
	230 B	BURIAL, CREMATIC			23c N	NAME OF CE		CREMATORY	23d. LOCA			COUNTY		STATE	
			oval	5/19/7	9										
	24 FL	UNERAL DIRECTOR	?		ADDRESS	APP.		25a DAT	TE REC'D. BY R	EGISTRAR			-	de MA	,
	A	natomy B	oard		Balto	., Md.			JUN 1	197	9 . 1	ling	7/1	- GOLADO	7

DHMH-16 50M 7/77 (VR A 15 (4))

ATTENDING

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	ford, Howeon M. Eliot	750000			(can) all

within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; is should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled within 72 hours of the shote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

IMPORTANT: If them 21 is morked or Item 18 shaws ony injury, ar other troumatic event, the medical examin

must be notified at ance.

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11043

	REGISTRAR				REG. NO.	, 0	
	PECEASED NAME FIRST	MIDDLE	l l	AST	20. DATE OF DEATH MONT	H DAY YEAR	25 HOUR
1	Jessie	8	Sch	issler Sr.	may .	3 1979	4 40 M
3.5	EX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		
	male	white	MONTH	173. 1022.	27-	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	П. П	9 BALTIMORE CITY OR CO		
	COUNTRY	11 5 1		LENEVER MARRIED	Bulto Co		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUI	WIDOWE RSING HOME C		12a. USUAL OCCUPATION		OF BUSINESS OR
1	n 11	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	10 11
	Randlestoen	Dalto. (o.	jen. 1101	1.p.	letter (arri	er U.S.	. Pale
130	UAL RESIDENCE (IF NURSING HOME OF	TY 13c CITY, OR T		13d INSIDE CITY LIMITS?	13e STREET ADDRESS ,	,	
	I'd bul	to. Joodlan	un	YES NO 🛛		es La.	
14.	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME	ŁA.	CT.
	Wm. 9	Schiss	Len	2	?	2	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO.	17. INFORMANT	ADDRESS		
	(TES, NO OK UNKNOWN) (IF TES, GIVE	217 34	4627	olizabeth	Schinden 2133	St lubo	110
-	18 CAUSE OF DEATH (Enter on	ly one course per line for to the	and ici i	Cool (III)	J Chrospitoloc El j	APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY	10/10	" CIANTA	+	pl/	15 31.41.5
	IMMEDIAT	E CAUSE (a)	round	C COUNT	,	8	Re men
	14970	DUE TO, OR AS A CONSE	QUENCE OF	11111111	100101	. 11	m
16	Conditions, if any, which gave rise to immediate	(b)	wee	Her Her	anvega	1 10	rech
	cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF				
10	underlying cause lost	(c)					
1,	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	(a)
CERTIFICATION							
N S	190 DATE OF OPERATION	195. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS	
₫					YES NO	YES 🗌	NO 🗆
Ü		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2]	
I	OR CONTRIBUTING CAUSE OF DEA	P.M.	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			
2	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21MEE1	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this haspi	tal) attended the deceased fro	m. 5	3 19 77	to 5 - 3	19 79	that (1) (we) last
	saw the deceased alive on	-5-3	77 434		death occurred on the date as		
	774 SIZNATURA	t) view the bady ofter death.		DEGREE		22c. DATE	
П	1/1/	herun	. 4. 1	ATTENDING	MEDICAL STAFF		1 3
-	22d. PHYSICIAN'S NAME (TYPE O	O OPINITY	101/	220 ADDRESS	DIRECTOR   PHYSICIAN	1 100	3,1719
	2 +	1					
-		RICO			a gen		
230	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	burial	5/7/79	Lorra	ine Ph. Cem.	Voodlawn	Bulton	2- Ad.
24	FUNERAL DIRECTOR	ADDRESS		83.0	TE REC'D. BY REGISTRAR 256	EGISTRAR SHAPE	YSELY
	J. J. Starsbury J.	r. 6411 Windso.	r Mill	Rd. MA	10 19/9		1
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

ctor, page 3

hand completely filled in Pages I and 2 should be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carrier appears with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remove the state of 
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1015

	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	10.	0 4 3
	CEASED NAME ORPRINT)		na SCHOEP	FLIN	ST	May 2, 19		26 HOUR 9:32P
3 SEX	F	4 RACE		S. DATE OF	BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIR	YRS MONTHS 0	AYS HOURS ME
	IRTHPLACE (STATE OR FOR OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED   DIVORCED		or county of DEATH	4
R	OSS VILLE	FRA	HEACILITY, GIVE STREET AD	DRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) INDUS	ID OF BUSINESS TRY
13a S	MD.	IG HOME OR OTHER INSTITUTION IS COUNTY	OVNDA	LK	YES NO P		BAILWAY	AVE
d	ATHER'S NAME FIRST	MIDDLE	RITZM	AN	15 MOTHER'S MAIDEN NAM	MIDDLE VILLA		LAST
	VES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	229 /2 (	606	HENRY S	CHCEPFL	IN F	BOVE  ROXIMATE INTERVAL EEN ONSET AND DE
FICATION	PART 2 OTHER SIGN Optic n	euritis; Th	nrombocyto	sis	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
MEDICAL CERTIFICAT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH HOUR A.	m, month day m.	YEAR	21c HOW INJURY OCCURR	YES NO W	YES	NO [
MED	21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FAR		21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
MED	WHILE NOT WHI	this hospital) attended the	e deceosed from	7 . one	d that in (W) (our) apinion of	to MAN STA	19 <b>29</b> lote and hour and from 22c. D	, that u (we) the causes stated ATE SIGNED
MED	WHILE NOT WHI AT WORK AT WOR 22s.1 certify that X ( sow the decease above, (1) (we) (di	this hospital) attended the dolive on Middle of view the body	e deceosed from	7 . one	, 19 <b>15</b> H that in (10) (our) apinion c	to MADICAL STA	lote and hour and from	_, that & (we) the couses states ATE SIGNED 5/2/79
23a. B	WHILE AT WOR AT WOR AT WOR 220.1 certify that & ( sow the decease above, (1) (1) (2). SIGNATURE  22d PHYSICIAN'S NAI  David Z  BURIAL, CREMATION, R  SPECIFY)	this hospital) attended the dolive on view the body  ME (TYPE OR PRINT)  A Jano MD	e deceosed from other death	9 . onc	street  1975  4 that in (%) (our) apinion of the control of the co	to MADICAL STA	lote and hour and from 22c. D  FF CIAN   Tive 21237	, that & (we) the couses stated ATE SIGNED 5/2/79

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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	T O
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	TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11046

						REG. NO.		
		CEASED NAME FIRST	MIDDL	Ē	LAST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
	1	FREDER	RICK =	T. 501	HUMAN	may 1	0.1979	
	3 SE		1 RACE	5. DAT	E OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 H
		14	1. U	MO	INTH / PAY - YEAR	54	YRS. DAYS	HOURS M
	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	7 /23	9 BALTIMORE CITY OR CO		
28	C	OUNTRY)	USA	MARI	RIED NEVER MARRIED	Contract of the Contract of th		
	10.0	ITY OR TOWN OF DEATH		WIDO:	WED DIVORCED DIVORCED DIVORCED	12a. USUAL OCCUPATION	COUNTY	F BUICH IFCC
18		_	(IF NOT IN SUCH FAC	HITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WO	RKING LIFET INDUSTRY	
00	_	SSEX		ARYLAN.			RETI	RED
	13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU		CITY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
30		MD B	ALTO	ESSEX	YES NO		AYLAND	AV
	14. F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		
230		VIV k		LAST	CARRIE	WEINEL	LAST	
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO		ADDRESS		
	- (	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1220 870	7 ESTA S	CHUMAN	AR	OFE
	-				7 -2.11	CHO WILL		
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line ED BY:	4.5	33 1.		BETWEEN	MATE INTERVA
		IMMEDIA	TE CAUSE (a)	Hemop	74515		2 1	WIND
		1070	DUE TO, OR AS	A CONSEQUENCE OF	150000	00 0	The Later	,
		Canditions, if any, which	( b)	Matasta	etic Roual (	ell Carcin	one (a	mond
		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF				
		underlying cause lost	(6)				3-1-1	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 110	11
5	NO							
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	TION WAS PERFORMED	20a AUTOPSY? 20	LIF YES, WERE FINDIN	GS USED
7	I E					YES NO	CERTIFYING CAUSES	OF DEATH?
_	1 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
2		OR CONTRIBUTING CAUSE OF DE	Ain	MONTH DAY YEA				
1	0	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	11	9			
1				JIIIPV				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF II	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
1	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
1	MED	21d INJURY OCCURRED	21e PLACE OF IN (AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		19.79	that(1)(we
1	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hosp	21e PLACE OF IN (AT HOME, STREET, F	ceased fram	211 LOCATION		19.79	that(1)(we
1	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (I) (this hosp	21e PLACE OF II (AT HOME, STREET, F	ceased fram	211 LOCATION STREET 19 our) opinion	deoth accurred on the date of	19.79	that(I)(we)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hosp	21e PLACE OF II (AT HOME, STREET, F	ceased fram	211 LOCATION STREET  , 19 and that in my our) opinian  DEGREE  ATTENDING		19 29, and hour and from the control of the control	that(1)(we)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hosp	21e PLACE OF II (AT HOME, STREET, F	ceased fram	211 LOCATION STREET  19 and that in (my) our) opinian DEGREE ATTENDING	deoth accurred on the date of	19 29, and hour and from the control of the control	that(1)(we)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp	21e PLACE OF II (AT HOME, STREET, F	ceased fram	211 LOCATION STREET  19 and that in my our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS	death accurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	19 29, and hour and from the control of the control	that(I)(we)
The state of the s		21d INJURY OCCURRED  WHILE NOT WHILE 220.1 certify that (I) (this haspender of the original of the original of the original origi	21e PLACE OF II (AT HOME, STREET, F	actory, office, farm, etc.)	and that in my our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	medical staff director physician	19 29, and hour and from the control of the control	that(I)(we)
	230 1	21d INJURY OCCURRED  WHILE NOT WHILE 220.1 certify that (I) (this hasped to the control of the c	21e PLACE OF IT (AT HOME, STREET, F  pitol) offended the de	actory, office, farm, etc.) ceased from 19 23c. NAME O	and that in my our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS  F CEMETERY OR CREMATORY	death accurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	19 29, and hour and from the control of the control	
	230 [	21d INJURY OCCURRED  WHILE NOT WHILE 120.1 certify that (1) (this hasper of the country of the c	21e PLACE OF II (AT HOME, STREET, F	actory, office, farm, etc.)	211 LOCATION STREET  19  and that in (m) our) opinion  DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS  SCOLLO F CEMETERY OR CREMATORY  LAWA	death accurred on the date of	Plvd -	couses stated SIGNED
	23a I (	21d INJURY OCCURRED  WHILE NOT WHILE 220.1 certify that (I) (this hasped to the control of the c	21e PLACE OF II (AT HOME, STREET, F  pitol) offended the de	actory, office, farm, etc.) ceased from 19 23c. NAME O	and that in my our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS  F CEMETERY OR CREMATORY	death accurred on the date of	ond hour and from the second Solution S	couses stated SIGNED

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# within 24 hours offi deoth certificate be executed requires that the TTENDING PHYSICIAN The low

TO HOSPITAL

FOR

#### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11017

	Ĺ	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. P		110	41
)		CEASED NAME	Jacob	Mari	on SCHWA		AST	May 4, 1		AY YEAR	10:35A
	3 SE	ALE		RACE CAUCAS	SIAN	S. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BE		FUNDER I YEAR	HOURS MIN
77		CAROLINA		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city	OR COUNTY		,
57	R	OSSVILLE		FRANKI	LIN SQUA	RE H	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST CONTRACT)	OF WORKING LIFE		DING
35	13a S M.A.	RYLAND	13h COUNTY	IMORE	GIVE RESIDENCE BEFORE 131. CITY OR TOWN BALTIMO	ADMISSION) N RE	134. INSIDE CITY LIMITS? YES NO		ITE PI	NE RD	).
30		JACOB	MIC		SCHWAR		ANNIE	WIDDLE		LAS	
1	- 0	VAS DECEASED EVER LES, NO OR UNKNOWN) ES	UF YES, GIVE W		2400203		GERTRUDE H	ODGIN 370			NE RD
	NOI	couse (b), statin underlying couse	lost	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERMI	INAL DISEASE OR COI			
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	204 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
9		21a ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	716. TIME O HOUR A.	M. MONTH DA	YEAR	71c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	RT 1 OR PART 2)	
į	MEDICAL	214. INJURY OCCURI	RED HILE	21s. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
d		22a I certify that (I) sow the decease above, (I) (we) (c	d alive an_	May 4	19	Apr 79	. 20 , 19 79 nd that in (my) (our) apinion d	to May 4	dote and hour	ond from the	that (1) (we) lo couses stated
		22b. SIGNATURE	· N		talar	: 1	DEGREE  10 - ATTENDING PHYSICIAN		AFF ICIAN 🔁	5/4,	
1		Mehe		atabai	MD		9000 Frank	lin Square	Drive	21237	
	(1	URIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	236. DATE 5/8/		ONT I	AWN MEM PAR		H	COUNTY	N.C.
A 78	24. FU	SPECIFY)			ADDRESS		11 25a AT		H	RAR'S SIGNAT	

BP

**DHMH-17** 

(VR A15 ME (5)

15M 7/76

HOURS STREET,

- STATE REGISTRAR (TYPE OR PRINT)

male 7a BIRTHPLACE

Maryland

Lewis

24. FUNERAL DIRECTOR
NAME
7922 Wise

14 FATHER'S NAME

No

Pennsylvania 10 CITY OR TOWN OF DEATH Dundalk

USUAL RESIDENCE (IF IN NURSING HOME OR OTH

160. WAS DECEASED EVER IN U.S. ARMED

CAUSE OF DEATH (Enter only on

PART I DEATH WAS CAUSED BY

HARRY

Baltin

(IF YES, GIVE WAR O

IMMEDIATE CA

ent 5/19/79

Duda-Ruck LODRESS Inc.

Wise Avenue, Dundalk, MD

Me

white

D	STATE OF A	MARYLAND H AND MENTAL HYG	GIENE	
MED	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO. 7 9	-11048
	MIDDLE	LAST	20 DATE KNOWN X MONTH	DAY YEAR 25 HOUR
Y	Daniel	SCHWEIGERT	OF ESTI-	15 1979 M
5. DATE OF BIRTH MONTH DAY 10 31	YEAR 18 I ST BIRTHDAY) MONT	THE DAYS HOURS MI		15 1979 P <sub>M</sub>
76. CITIZEN OF WHA	AT COUNTRY?  8.A. WIDOV	WED DIVORCED	Baltimore County	y MD.
	PITAL, NURSING HOME, OR OTH Vd. near Holab	2 3	O USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Clerk-Wire Mill	or industry  Beth Steel
other institution, give Y imore	e residence before admission) 13c. CITY OR TOWN Dundalk		street address 7610 Parkwood I	
MIDDLE	Schweigert	15. MOTHER'S MAIDEN N	NAME MIDDLE	Reed
NED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	7610 Parkwoo	od Road
TAK OK DATES!	166-12-2809	Mary B. S	Schweigert-Balto	o. MD 21222
y ane cause per line f 8Y: E CAUSE (a)	far (a), (b), and (c).) multiple inju	ries		APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR A	as a consequence of			
< 1-7-	AS A CONSEQUENCE OF	Part of the		
(c)				

1979

250. DATE REC'D. BY REGISTRAR 256. RE

	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b)				
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN	PART 1 a		
1	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. /	AUTOPSY?
1	OL EVTEDNIAL CALISE WAS					YES 🔼 NO
5	III ZIO. ENTERITAL CAUSE TAS	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
7	UNDERLYING OR	6:00 <sub>P.M.</sub> 5 15,	driver in a	uto/fixed obje	ect collis:	ion
4	21d. INJURY OCCURRED  WHILE IN NOT WHILE IS	21e. PLACE OF INJURY (AT HOME,	21f. LOCATION	CITY ON TOWN	COUNTY	C747E
	MHILE NOT WHILE AT WORK	street street	Merrit Blvd.	CITY OR TOWN	Dundalk	, Maryland
3	22a I certify that I took charge of t	he remains described above, held an	Autopsy X, Inspect	ian , Inquiry ,	and in my apinion	E 74 PM
	death resulted fram: Natural car	uses , Accident X, Sui	cide, Hamicide	Undetermined manner		
	ACTUAL SIGNATURE MOUSE	- Bre Whell	TITLE (SPECIFY)  M.DAssistan	t MEDICAL EXAMINER	DATE SIGNED	5/16/79
4	EXAMINER'S NAME (TYPE OR PRINT) Marga	rita A. Korell, M.	D. ADDRESS	111 Penn Stree	et	1
	23a. BURIAL, CREMATION, REMOVAL 23b. DA	TE 23c NAMES CHA	ALLEN PROTEMATORY	23d. LOCATION	COUNTY	STATE
1	Entombment 5		Union	Schuykill	Haven	PA

21222

MALL THE KIND OF STREET

# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance. executed within 24 hours ofter requires that the death certificate be TTENDING PHYSICIAN: The offending physicio retained by the hospital or

DHMH-16 20M (VRA 15, 4) 7/78

must be notified of ance.

#### STATE OF MARYLAND

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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- (	7	-	I	1	U	4	0

1 -	FOR STATE REGISTRAR		DEPARTE		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10	79.	-	1049
	CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH	HTHOM	DAY	YEAR	26 HOUR
,	Helena	Fra	inces	Sc	cott		5	23	79	1:50
SE	X	4 RACE		5. DATE C		& AGE IN YEARS LAST BE	THOAY)		RIYEAR	IF UNDER 24 HI
F	emale	Whit	e	MONTH 3	21 1892	87	YRS	MONTHS	DAYS	HOURS MI
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	\$	D NEVER MARRIED	1 BALTIMORE CITY			ATH	
	aryland	U.S.A		WIDOWE		Baltimore	Coun	ty		
CI	Towson	( IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET. L Maris Ho	ADORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OCCUPATED TO THE PROPERTY OF THE PROP	OF WORKING	LIFE) IND	KIND O DUSTRY	BUSINESS
36 5	AL RESIDENCE (IF NURSING HOME) STATE 138 CC	E OR OTHER INSTITUTION		E ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	vars	itv	Pkwv	.21210
-	THER'S NAME			. 0	15. MOTHER'S MAIDEN NA	ME	14010			
	Daniel	MIDDLE	Scott		Annie	F.		K	ellv	
e V	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDR	ESS	7.2	011,	
()	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	212-05-1	1698	Stella Maris	Hospica.	Dular	av V	alle	v Rd.
	18 CAUSE OF DEATH (Ente	only one source per	1		, de la	Modpiec.				MATE INTERVAL
	Canditions, if any, which gove rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUE	dolic	Ca. 1,ve	2 - ASC	Y. J.]	>		
CALICIA	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS C	Meloc or as a conseque ontributing to p	ENCE OF	NOT RELATED TO THE TERM		IDITION C	YES, WERE	EFINDIN	GS USED
IIICAIION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS C	Meloc or as a conseque ontributing to p	ENCE OF		IN AL DISEASE OR CON	IDITION C	YES, WERE	EFINDIN	
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS C  196 COND  216 TIME C  HOUR A	Metacon Republic Repu	ENCE OF		INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE	E FINDIN CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS CO  IPB COND  IPB CO	OR AS A CONSEQUE  ONTRIBUTING TO D  ONTRIBUTING TO D  ONTRIBUTING TO D  ONTRIBUTING TO D	DEATH BUT OPERATIO	N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF Y IN CER	YES, WERE	E FINDINCAUSES	GS USED OF DEATH?
	Canditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK Sow the deceased alive	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS C  IPB COND  IPB CON	OR AS A CONSEQUE  ONTRIBUTING TO E  ONTRIBUTING	DEATH BUT OPERATIO  AY YEAR 19 FARM. EIC.)	216 HOW INJURY OCCURE	20g AUTOPSY?  YES NO RED (ENTER NATURE OF INJ  CITY OR TO	ZOB. IF Y IN CER	YES, WERE TIFYING ( YES [] 8, PART I OR	PART 2)	NGS USED OF DEATH? NO  STATE
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTEY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING NOT WE'VE AND CAUSE OF CHERTHER, NOTEY MEDICAL EXAMINATION OF COURSED AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hot 20.1 certify that (1) (1) (this hot 20.1 certify (1) (1	DUE TO, O  (b)  DUE TO, O  (c)  IT CONDITIONS C  IPB COND  IPB CON	OR AS A CONSEQUE  ONTRIBUTING TO E  ONTRIBUTING	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	214 LOCATION STREET	200 AUTOPSY?  YES NO CITY OR TO  to Medical STA	20b. IF Y IN CER JRY IN ITEM I	YES, WERE TIFYING ( YES   COL	PART 2)	NGS USED OF DEATH? NO  STATE
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	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19e DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTION CAUSE OF (# EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTION CAUSE OF CAUSE O	DUE TO, O  1b)  DUE TO, O  (c)  IT CONDITIONS C  196 COND  196 COND  216 TIME C HOUR A P 216 PLACE (AT HOME, ST not) view the body  PE OR PRINT)	OR AS A CONSEQUE  ONTRIBUTING TO E  ONTRIBUTING	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET  19 77 nd that in (my) (aur) opinion of PHYSICIAN SERVICE  ATTENDING PHYSICIAN SERVICE PHYSICIAN SERVICE  PHYSICIAN SERVICE  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 HOW INJURY OCCURE	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSI	20b. IF Y IN CER  JRY IN ITEM I	YES, WERE TIFYING ( YES  8. PARTIOR  COU  19  10  22	PART 2)  PART 2)  PART 2)  PART 2)  PART 2)	STATE  thot (I) (we) I  couses stated  SIGNED

8-11019  TENDING PHYSICIAN. The low requires that the death certificate are executed within 24 hours afti

TO HOSPITAL

	1.	FOR Film#G	532	2202 ( )	DEPARTMENT	STATE OF MARYLA FOF HEALTH AND A		IENE	7 0	1105	n
		STATE Tems REGISTRAR		%19b. 6-4	-/9 CI	RTIFICATE OF D		REG.		-1103	U
S	1. DE (TYPE	CEASED NAME OR PRINT)	SOR	hla, A	1.	Sculle		2e. DATE OF DEATH	MONTH 5	3 79	9.35
	3 SE	Female	01	RACE	-	ATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST	PRTHDAY)	MONTHS DAYS	HOURS
1 8 MCE.		RTHPLACE (STATE ORI		U.S.A.	N		AARRIED [	BALTIMORE CITY		Y OF DEATH	
1998	10 C	Balto. Md.				OME OR OTHER INST	ITUTION	120 USUAL OCCUP. (TYPE OF WORK FOR MOST	ATION IT OF WORKING L LICER	12h KIND OF INDUSTRY	BUSINES
ad turn 3.5	USU 130	AL RESIDENCE (IF NUI	136 GOUNT	THER INSTITUTION, GIVE RI	ESIDENCE BEFORE ADM	134. INSIDE C	ITY LIMITS?	135785 PES	raceOr	. 21236	
ond 2 th	14. F/	ATHER'S NAME FIRST	John"	Schaefer	LAST		FIRST CONT	ie Byrbey		EAST	
Pogen /	160. \	WAS DECEASED EVER	(IF YES, GIVE V	ED FORCES? 166 S	18-46-05	17 INFORMA	Alma Mo	Vogt - 5	oress 187 Te	rrace Dr	212
oper.		18 CAUSE OF DEAT	TH (Enter only VAS CAUSED	one couse per line fo	o) (o), (b) yid (c)	tion	10			BETWEEN OF	ATE INTERV
ose remove corb I, cremotion, or other troumotic		Conditions, if ony gove rise to im couse (a), state underlying cous	mediote ng the	(b) 2	CONSEQUENCE	feeled	stra	np			
Then ples to burio njury, or	NO	PART 2 OTHER SIG	NIFICANT CO		BUTING TO DEAT	H BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION G	WEN IN PART 110	
ows ony	CERTIFICATION	1/23/79	TION	1% CONDITION	FOR WHICH OPE	RATION WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES O	GS USED OF DEAT
ntol-tronsit ntol Hygie em 18 she		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	21b. TIME OF INJU HOUR A.M. /		YEAR	JURY OCCURR	ED (ENTER NATURE OF H	HURY IN ITEM 18,	, PART 1 OR PART 2)	1
s the burid h and Men rked or the	MEDICAL	214 INJURY OCCUP	RED	21+ PLACE OF IN	JURY CTORY, OFFICE, FARM,	21f LOCATIO	N n	CITY OR	TOWN A	COUNTY	STA
of Health		sow the deceo- obove, (I) (we)	ed olive on_	view the body ofter	119 14		(our) opinion (	, to5 feath occurred on the	Sole and ho	our and from the c	
detoched tote Dept NT: # Nen		22b. SIGNATURE	111	Mis	try	-6	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	Th. Date s	3
0.10		224 PHYSICIAN'S N	AME (TYPE OR	THE	ME	22e ADDRES	6	[inline]	47	40	121
with the		Vud	NOH	1400	/		0	71100110	01 10	Mary 10	14.
should be de with the Stot	(	BURIAL, CREMATION SPECIFY) Buria UNERAL DIRECTOR	1	236. DATE 5-6-79	23c NAM Gard	e of CEMETERY OR C	CREMATORY LET	23d LOCATION CITY OF TOWN Batto	M.	COUNTY	STAT

STATE OF MARYLAND

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within 24 hours ofter

executed

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. I should be detached for use as the bund-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours offine with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFIC	ALE OF DEATH	REG. NO	
ì	1. DECEASED NAME FIRST	MIDDLE	SEIDE	=1.	20 DATE OF DEATH MONTH I	1979 920
1	3 SEX	4 RACE	5. DATE OF I	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 4 HRS
	MALE	WHITE	MONMA:	R. 75, 1890	89 YRS	MONTHS DAYS HOURS MIN
	70. BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIA X	XXVEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
/	cou <b>L'I</b> THUANIA	USA	WIDOWED [		BALTIMORE COL	MD.
8	RANDALLSTOWN	BALTIMORE COUNT	Y GEN.		120 USUAL OCCUPATION (TYPE OF WORKING LIFE TAILUR	12b. KIND OF BUSINESS OR CLOTHES
5		ALTO. ISC. CHARTON	13	NO XX	13e 3413 RETLAW RD	. #21207
3	CALMAN	SEIDELST SEIDELST	15	FANNIE	WE	UNKNOWN
	160 WAS DECEASED EVER IN U.S. AR (YE NOOR UNKNOWN) (# YES, GIVE	MED FORCES? 166. SOCIAL SECUT 213-05-4		MRS. CELIA S	EIDEL 3413 RETLA	AW RD. #21207
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTROLING TO D  196 CONDITION FOR WHICH (	NCE OF CLOSEATH BUT NO	Ventri i  Lotic Co  DI RELATED TO THE TERM  WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
	OF CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  214 IN JURY OCCURRED  WHILE AT WORK  AT WORK  220.1 certify that (1) (this hospi	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY)  itali ottended the deceased from  11 view the body after death.	Y YEAR 19 2 ARM, ETC.] 2 Ond DE	1f LOCATION STREET	CITY OR TOWN  CITY OR TOWN  death occurred on the date and hou	COUNTY STATE
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	MAY 15,1979 B	ETH TF	AETERY OR CREMATORY  I LOH	23d LOCATION CITY OR TOWN BALTIMORE	COUNTY STATE MARYLAND
	24 FUNERAL DIRECTOR SOL LE NAME 6010 REISTERTOWN	VINSON & BROS., RD., BALTO., MD		215 250. DATE MAY	E REC'D. BY REGISTRAR 256. REGIST 181979	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter

retained by the hospital or attending physician

TO HOSPITAL

BP.

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

medical

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

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STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL HYCIENE

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1 -	FOR STATE REGISTRAR			DE		ICATE OF DEA		IENE REG. N	o. 7	9-11	052
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR D
, iter		homas		Μ.	SEW	ARD			5	8 79	11.21 M
3 SE			RACE		5. DATE C	OF BIRTH		& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	Male		Cauca			7-1921	YEAR	-58-57	YRS		HOURS MIN.
Je BI	RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COU	NTRY?	D A NEVER MAR	RRIED 🔲	BALTIMORE CITY O	R COUN	TY OF DEATH	
G	Lyndon Md		U.S.A		WIDOWE	-	RCED 🔲	Balti	more	County	MD
10 CI	TY OR TOWN OF DE	ATH 1	I. NAME OF	HOSPITAL, N	NURSING HOME C	OR OTHER INSTITU	TION	12e USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
R	osedale	_/	Frank	in Squ	nare Hosn	oital		Disabled	Vet		
13a. S	AL RESIDENCE (IF NUE	138 COUNT	THER INSTITUTION Y	13c. CITY O	R TOWN	134. INSIDE CITY	LIMITS?	13e. STREET ADDRESS			
M	arvland	Carr	coll	West	tminster		O <b>X</b> )	2112 Walsh	Dr.		
	THER'S NAME FIRST	_	DDLE	-	IST .	15. MOTHER'S M		WIOOFE		LAS	
	Thomas		ED FORCESS	Sewai	L SECURITY NO.	Mary 17 INFORMANT		Francis	223	Witch	IOMO
0	res, no or unknown)	(IF YES, GIVE W	AR OR OATES		12-1/133		rgare		ame	As 13	
	II CAUSE OF DEA					1.14.04.1.1	5000	V DONGS & L	- Carlo	APPROX	ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	BY			1 hemator	ma		1	The state of the s	ONST AND DEATH
	1601	IMMEDIATE				I Hellia col	IIO.		1		
	701-		DUE TO, C	R AS A CON	ISEOUENCE OF				100		
	Conditions, if any gove rise to im		(b)_							197	
	couse (a), state underlying cous		DUE TO, C	R AS A CON	ISEQUENCE OF						
	onderlying coos	1031.	( Ic)_								
NO	PART 2 OTHER SIG	SNIFICANT	NDITIONS C	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION G	SIVEN IN PART 1	0'
CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		ES, WERE FINDI	
IFIC	110							YES V NO		TIFYING CAUSES YES []	OF DEATH?
25	210. ACCIDENT WAS UP	NOERLYING	21b. TIME C	OF INJURY		21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU			
	OR CONTRIBUTING				TH DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDI 21d INJURY OCCUP			.M. OF INJURY	19	211 LOCATION					
ME		WHILE [			OFFICE, FARM, ETC.)	STREET		CITY OR TO	MM	COUNTY	STATE
	22a.1 certify that ()		I) ottended t	he deceased	from	5/6/	10 79	to 5/	87	19 79	that (I) (we) last
	sow the deceo	sed olive on_	1 5	/8/	70	nd that in (my) (au	r) opinion d	leath occurred on the d	ote and he		
	276 SIGNATURE	1	1.0	grine, description		DEGREE				22c. DATE	SIGNED
	Law	hich	Jelan	~ v	no	ATTE PHY	SICIAN [	MEDICAL STA	FF	5/8	6/79
	224 PHYSICIAN'S	AME ITHE OFF	BUILT			22e ADDRESS					
		Wilson	, M.D.					in Square	Drive	<u> </u>	
23a E	SURIAL, CREMATION	I, REMOVAL	236. DATE		23c NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Burial		5-12-	1979	Green	nount Cem	eterv	Greenman	_ Car	7.0	acvland
24 FL	INERAL DIRECTOR	- 01	11	AOOF	0./	<del>/</del> .	250 DATE	PANTA Y RECEIPED	REGIS	STEAR'S SENAT	Mar.
7	homas	D. 78	etcher	,	MARKON	miles		7 0 10		1	·

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps. should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours office with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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1	-	STATE
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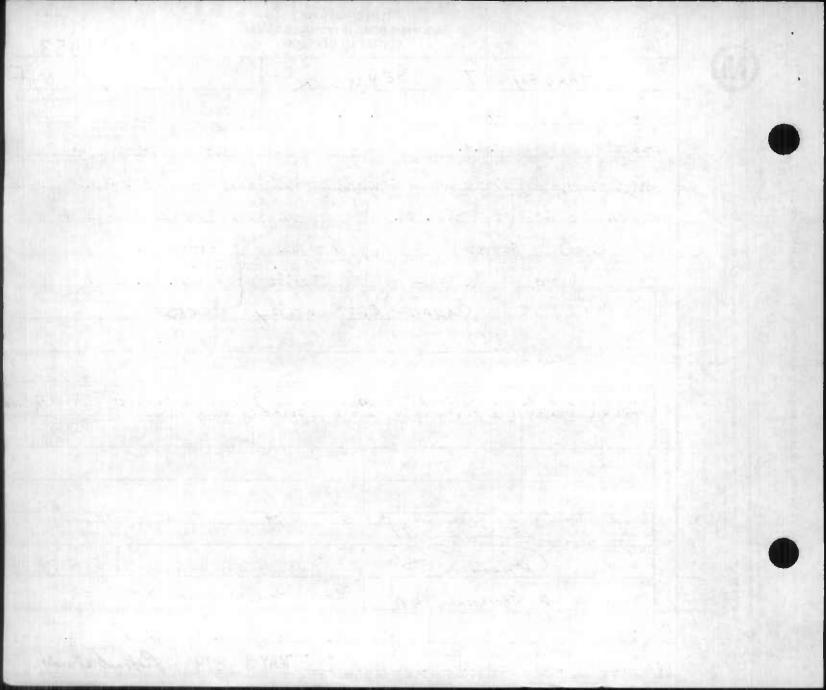
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0. 79		053
	CEASED NAME	FIRST		AIDDLE	(	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 35
	[7]	ARVE	=4	1.	SEY	MOUR		5- 3	5-19	You
3 SE			4 RACE		5 DATE C		& AGE (IN YEARS LAST BIR	-	IF UNDER 1 YEAR	HOURS MIN
_	Male		White		Oct.	19. DAY 1899 EAR	79	YRS		
P C	IRTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	<u>PR</u> COUNTY	OF DEATH	
_	ryland		U.S.		WIDOWE		Baltimor	e Cour	nty :	MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
R	andallstow	n		re County		ral Hospital	Butcher-Fo	od Far	ir-Pant	ry Pride
USU	AL RESIDENCE (IF NURS	136 COUN	TY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	laryland	Balt	imore	Balto. Co	0.	YES NO XX	3608 Flori	da Roc	ad 212	207
	ATHER S NAME	M	HDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST	MIDDLE		LAS	ST
	eorge Albe		Seymon			Lucy Ann	Fraema	Mic On)		
	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT Mrs.		ESS		
	No	None		215-22-6	079	3608 Florida	Road Balto	). Md.		
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter ant	y ane cause per	line far a, (b, and	10		6		BETWEEN	ONSET AND DEATH
		IMMEDIATE		CARDIO	- R	ESPIRATORY	1 ARRE	57		
	4029		DUE TO, OF	R AS A CONSEQUE	NCE OF					
	Conditions, if ony,	, which	( ıb)							
	cause ia, statin	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	onderlying cause	1031	(c)							
z	HYPERTEN	SIVE ,	ARTORIO	SE LEROTIO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	CONRY	EN IN PART TO	FORDT FAIL.
CERTIFICATION	190 DATE OF OPERA	OBSTR	UCTIVE ,	PULMONAR	4 AS	N WAS PERFORMED		45	, WERE FINDIN	
FIC	198 DATE OF OPERA	11014	178. CONDI	HONTOR WHICH	DERATIO	N AS FERT ORMED	YES NO	IN CERTIFY	YING CAUSES	S OF DEATH?
ERTI	21a ACCIDENT WAS UNI	DERLYING -	21b. TIME O	F IN ILIRY	NJURY 21c HOW INJURY OCCURR			YES		NO 🗌
	OR CONTRIBUTING		110110	M. MONTH DA	Y YEAR	THE THOU HAJOR I OCCORR	CED (ENIER NATURE OF INJU	RT IN HEM IB, PA	RI [ ORPARI 2]	
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR!		P./ 21e PLACE (		19	211 LOCATION		-		
ME	WHILE NOT W	HILE		EET, FACTORY, OFFICE, FA			CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (I)		al) attached the	deceased from	5-	- 5 10 79	5-	5	79	ah a dh fa a laa
	saw the decease	ed olive on_	5-5	19 7	7.0	nd that in (my) (aur) apınian o	death occurred on the d	ate and haur	. /	that (I) (we) last
	obave, (1) (we) (c 22b. SIGNATURE	did) (did nat	view the bady	after death.		DEGREE			22c. DATE	
			Anna	. ( =	>	ATTENDING PHYSICIAN	MEDICAL STA		- 5-	5-79
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e_ADDRESS				
	ORLANDO	0 8.	CONA	NAN. W	7.	BCOH - RAN	YDALLSTOWA	1, red	. 2113	3
23a E	BURIAL, CREMATION,		236 DATE			EMETERY OR CREMATORY	23d. LOCATION			
- (	specify)	9/25/6	5/8/7			Hill Cemeter	CITY OR TOWN	Talboi	t. N	Md.
		Lorin			Direc	etors, P. A 250. DATE				
87	28 Liberty	Road	Randa	llstown, M	aryla	and 21133 MAY	8 1979	frisk	Taybel	resdy

DHMH - 16 50M 1/76 (VR A 15 (4))

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	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha	retained by the haspital or attending physici
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in Ey the funeral should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 whould be thed mither 22 howith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

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DHMH-16 50M7/77 (VR A 15 (4))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	7 9	-11	054
	1. DEC	CEASED NAME	FIRST		MIDDLE	· ·	AST		20. DATE OF DEATH	MONIH (	DAY YEAR	2b HOUR
			oris	Mar	у	Simm	ıs		5-	-9-79		м
	3 SE)	Female		4 RACE White		5. DATE C MONTH 6-8		EAR	6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
16	CC	RTHPLACE (STATE OR DUNTRY) aryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIE	ED L	Baltimore CITY of	COUNTY		MD
5	10 CITY OR TOWN OF DEATH  Randalstown  Randalstown  11. NAME OF HOSPITAL, NUI  (# NOT IN SUCH FACILITY, GIVE SI  Balto County			H FACILITY, GIVE STREET	ADDRESS)		ON	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker			OF BUSINESS OR	
35	130. S Ma:	ryland	136 COU	ROTHER INSTITUTION, NTY .timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Reister	N			72 Miriam	Ct. 21	1136	
3	J	oseph T S		WIDDIE	LAST				1sgrove MIDDLE		LA:	jī .
1	16a W	VAS DECEASED EVE (ES, NO OR UNKNOWN) NO		RMED FORCES?	215-09-2		17 INFORMANT Truman P	. Sim	nms Jr. 59			1136
	NOI	Conditions, if on gove rise to in cause (a), stot underlying cour	(b) DUE TO, OI (c)		A CONSEQUENCE OF  BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN				EN IN PART 1(	o'		
9	CERTIFICATION	190 DATE OF OPERATION 196. COND			TION FOR WHICH OPERATION WAS PERFORMED				YES NO	20b. IF YES IN CERTIF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
9		21a, ACCIDENT WAS ALL OR CONTRIBUTING	CANADO	AIH	M. MONTH DA	YEAR		OCCURRE	ED (ENTER NATURE OF INJUR	r IN ITEM 18, PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCU WHILE NOT	RRED WHILE	21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	0 0	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		220. I certify that saw the decea above, (1) we) 22b. SIGNATURE		of Diew the body	11 00 -			DING .	eoth occurred on the do	F		
1		IN PHYSICIAN SE K — Łu	1/10	Terry J					Bldg. Tow	son Mo	1.21204	, , , , ,
	(5	URIAL, CREMATION	I, REMOVAI	23b. DATE 5-12-7	9 We		Cemetery OR CREMA	ATORY	Balcimore		COUNTY	Maffyland
Mi		neral director	efeld	Home 65	00 YORK F	d.212	212	25o. D	14cd & 19179AR	ISB. REGIST	RAP'S SIGNA	Chady

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page	
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AL OR	retained by the hospital or attending physicial
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled within 72 limit with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shaws ony injury, at other traumatic event, the medical

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	REGISTRAR		CERTIFICAT	OF DEATH	REG. NO	0. 19-1	1055
	CEASED NAME FIRST	MIDDLE	LAST	W 1 E 134	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
IITE	CARLY	in K.	Simon,	20		5/6/79	3.10Pm
3. SE)		4 RACE	5. DATE OF BIRT	DAY YEAR .	6 AGE   IN YEARS LAST BIRT	MONTHS DAYS	
1	emale	White	100	3, 1908	71	YRS.	
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED T	SEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	
1	ma	U.S.A.	WIDOWED	DIVORCED [	BAITO	· County	MD.
R	andalls town	11. NAME OF HOSPITAL, NUR.		Hosp.	120. USUAL OCCUPATI ITYPE OF WORK FOR MOST O HOUSELU	F WORKING LIFE) INDUSTRY	OF BUSINESS OR Y
	TATE 136 COUNT	. 11		ISIDE CITY LIMITS?	13e STREET ADDRESS	entual .	Ave
I4 FA	HOWAV d	MIDDLE Stockso	lake 15. MG	KAThe	ME MIDDLE	KR	AST L
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. IN	FORMANT	ADDRE	ss 316 Cen	FUAL AUR
- (1	NO INTES, GIVE	217-54	1-9095 Je	seph m	Simonds	GLyndo	n. ut.
	18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b).	ond (c)		/	APPRO BETWEEN	NONSET AND DEATH
10	PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) VENTR	ICVIAR	FIBRIL	L +110N		
	410-	DUE TO, OR AS A CONSEC	DUENCE OF	1			
	Conditions, if any, which	( 16) ACUTE	INFERIOR	- MYOCARI	DIAL INFAR	TION	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
	underlying couse lost	( ic)					
NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(01
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		IOW INJURY OCCURR		RY IN ITEM 18, PART 1 OR PART 2)	
AL O	OR CONTRIBUTING AUSE OF DE		DAY YEAR	X			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY .	21f. L	OCATION STREET	CITY OR TOV	WN COUNTY	STATE
Z Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR) OFFI	CE, FARM, ETC.)	SINGO	CHAOKIOA	VN COONIT	SIAIE
	220.1 certify that (I) (this haspi	ital) attended the deceased from		1 19 79	, to57	6 / 1975	, that (1) (we) lost
	saw the deceased alive an abave, (†) (we) (did) (did no	19 19 19 19 19 19 19 19 19 19 19 19 19 1	79, and that	in (my) (aur) opinion o	death occurred on the do	ate and hour and from th	e causes stated
	22b. SIGNATURE	0 0	DEGRE				ESIGNED
	- Jysv	nforh	M.D.	ATTENDING PHYSICIAN	MEDICAL STAI		6/79
	22d. PHYSICIAN'S NAME (TYPE O		22e. /	DDRESS COUR	TV GENE	ear Hospij	71.4
	J. JILAG	800N	13	TELL COOK	VIT YEIVE	~1C/103p1)	//C
23a B	URIAL, CREMATION, REMOVAL		C. NAME OF CEMETE	010	23d. LOCATION CITY OR TOWN	COONTY !	STATE
	BUVIAL	MAY 8, 1979	St. Thon	nas Ch.Ce			e ma
24 FL	INERAL DIRECTOR	ADDRESS	- hr//	1. 1	MAY Q 107	25b. REGISTO AR'S SIGNA	Al Greedy
17	JI . Comme	owing.	5 /11/1/15	ma	וווחו שורווו		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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on and completely filled in by the funeral director, page 3 rs. Pages 1 and 2 should be filed within 72 hours ofter death

must be notified of once.

### STATE OF MARYLAND

	- STATE REGISTRAR		DEPARIN		ICATE OF DEATH	REG. NO	7	9-1	1056
	1. DECEASED NAME FIRST CT		IMMONS	t	AST	May 29, 1	979	YEAR	26. HOUR 5:30P M
	J. SEX Male	4 RACE Whi	ite	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.	FUNGER 1 YEAR	IF UNDER 24 HRS HOURS MIN
10	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carelina	76. CITIZEN OF W		MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore city of			MD.
7	Ressville 21237	(IF NOT IN SUCH	OSPITAL, NURSIN FACHITY, GIVE STREET A LA Square	ADORESS)	or other institution	Ten Werke	WORKING LIFE!	INDUSTRY	ruction
3	USUAL RESIDENCE (IF NURSING HOME I 136 COU Maryland Bal		Essex 21	N	134 INSIDE CITY LIMITS? YES NO 🔀	136 STREET ADDRESS 136 Silve	r Lane	Road	21221
3/	14 FATHER'S NAME FIRST Levy	MIDDLE	Simma	ns	15. MOTHER'S MAIDEN NAME OF THE ST. Mary	MIDDLE		Long	ST .
1		RMED FORCES? VE WAR OR DATES) 6-1930	213-09-3		Vielet A. Si	mmens, wife		Same	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  CONDITIONS CO	as a conseque ecurrent as a conseque hronic r	e hea					
52	RIFIC			- OPERATIO		YES NOX	IN CERTIFY YES	ING CAUSES	
91	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK  220.1 certify that M saw the deceased alive of above, (M; we) (did) (d) or above, (M; we) (did) (d) (d)	HOUR A.M. P.M. 21e PLACE O (AT HOME, STREE	A. MONTH DA	19 ARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET  18 19 79  nd that in (194 (our) opinion of	city on tow	N	county	STATE that (we) last couses stated
	27b. SIGNATURE	al)	Kose	Pl	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN DE	S/	\$1GNED /79

DHMH-16 20M (VRA 15, 4) 7/78

FUNERAL DIRECTOR:

MPORTANT: # Nem 21 is

should be detoched for use as the buriol-fransit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

Burial

Michael

23a. BURIAL, CREMATION, REMOVAL

Koger

23b DATE

236 NAME OF CEMETERY OR CREMATORY Gardens of Faith

9000 Franklin Square Dr. 21237

1334 LOCATION CITY TO THE COUNTY Maryland

1407 Old Eastern Ave JUN 5 1979

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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DHMH - 16 60M 1/75

(VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compitative titled in should be detached for use as the buriol-transit permit. Then please remove corbon paper. Pages I and 3 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is morked or them 18 shaws any

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### STATE OF MARYLAND

DEPARTMENT O CER

F HEALTH AND MENTAL HYGIENE				
TIFICATE OF DEATH	REG. NO.	79-	05	1

	REGISTRAR				REG. NO.		1 1	UJ	1
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOU	R
{ I YPE	OR PRINT) MARY	A	515501	4	MAY 3	1979			М
3. SE	F	4 RACE	S. DATE C		6 AGE (INVERS LAST BIRTHE	MONTHS	DAYS DAYS	IF UNDER	24 HRS MIN
7a BI	RIMPLACE (STATE OR FOREIGN	OSA	OUNTRY? 8  MARRIEI  WIDOWE	D NEVER MARRIED □	9 BALTIMORE CITY OR	//A	EATH		MD.
10 C	TARKUILE	11. NAME OF HOSPITA	AL NURSING HOME C JUNE STREET ADDRESS) 11495/1109	E KI)	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE) IN	KIND OF	BUSINE	SSOR
13a S	AL RESIDENCE (IF NURSING HOWS OR STATE 136 GOUN	TY II3c QU		138. INSIDE CITY LIMITS?	130 28 M KING.	s /10912,	Ri		
	STHER'S NAME FIRSTORY W.	Mohr	LAST	15. MOTHER'S MAIDEN N. FIRST  FIRST	HENDRICKS		LAST		
16a V	VAS DECEASED EVER IN U.S. ARA (16 YES, 14 OR UNKNOWN) (16 YES, GIVE	war or dates) 166 SO	6-81-3499	17 INFORMANT FAM	ly RELORA				
CERTIFICATION	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	D BY. E CAUSE (0)  DUE TO, OR TO A (  (b)  DUE TO, OR TO A (  (c)  ONDITIONS CONTRIBU	conay +		20g AUTOPSY?	ITION GIVEN IN  20b. IF YES, WEF IN CERTIFYING	RE FINDIN	GS USEI	
CAL CERTIF	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	215. TIME OF INJUR HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO	YES	R PART 2)	NO [	]
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJU (AT HOME, STREET, FACTI	IRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	со	YINU	ST	TATE
	276.1 certify that (f) (this hospinate the loceased also above (b) well did unid his 17th SIGN ALLIE	all Attached and classes and control of the control	19.79 an	DEGREE	TEDICAL STAFF DIRECTOR PHYSICIA  OSSIFR DI	2	from the c	ouses sto	we) last oted
23a. E	SURPA), CREMATION, REMOVAL	5-7-76	Dulanay	EMETERY OF CREMATORY	23d LOCATION GITY OR TOWN	WILL COUNT	But	La Fin	A.E.
24. FI	INERAL DIRECTOR FUMBR	Al Chape	ADDRESS 800 [/p	KTORO RO 250. DA	TE REC'D. BY REGISTRAR 25	b BEGISTRAR'S	1		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, pag should be defacted for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be applied of lonce.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DI	HTA	REG. N	0.	3-111	0 0 0
1. DEC	CEASED NAME	FIRST		MIDDLE	1	A5T		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
,		RUSS	SELL	W.	S	MITH	3.5		5	9 79	11:18F
3. SE)			4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	HOURS MIN
	Male		Whi	te	Sep	t. 14,		84	YRS	S	NOOKS WAR
70. BI	RTHPLACE (STATE OR FO	OREIGN .		WHAT COUNTRY?	8 MARRIEI	NEVER M	ARRIED -	9 BALTIMORE CITY C			
	ston, Ma		U.S		WIDOWE		ORCED	BALTIMOF			MD.
	TOWSON		GBMC-	HOSPITAL, NURSING A COLUMN STREET N.	CHA			120 USUAL OCCUPAT (LYPE OF WORK FOR MOST OF Insuranc	ON OF WORKING A	gure 126.700 g INDUSTRE Gent-In	iveters usur.Co
13e S	Md.	113b COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOW Catonsu	/N	-	NO 🗆	13e. STREET ADDRESS 14 S. E	Reec	hwood A	Avenue
14_FA	THER'S NAME	War	ren	Smith		Fl	orence	MIDDLE		Eat	
160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)			166 SOCIAL SECL	JRITY NO.	17 INFORMAN	Cate	onsvilte,	ESS M	d. 2122	28.
	Yes	W	WAR OR GATES)	220-30	-2352	A-Mrs	Ruth	L. Smith	1-14	S.Beec	chwood
	18 CAUSE OF DEAT	H Enter on		line for (o), (b) on	id (c)			4 To 10 To 1		UP BETWEEN	ONSET AND DEATH
	FARTI. DEATH W		E CAUSE (0)	METASTA	IIC	CA OF	LARYNX	(			-
	1619		DUE TO, O	R AS A CONSEQUI	ENCE OF						
	Conditions, if ony,		(b)								
	couse (o), stotin	ng the	DUE TO, O	R AS A CONSEOUI	ENCE OF						
			( 1c)	11.1.55							
Z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED 1	O THE TERMIN	NAL DISEASE OR CON	DITION	GIVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		YES, WERE FINDI	
CERT	210. ACCIDENT WAS UNI	DERLYING [				21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM I		
	OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR	119					
MEDICAL	114 INJURY OCCUR		Tie PLACE			211. LOCATION	4	City of to	with a	COUNTY	STATE
×	W TOW D AROW IA	one []	LAT HOME, STR	RET, FACTORY, OFFICE, F		2000		Citrosto		1, dylinos	21.415
	22s.1 certify that (I) saw the Access above, (fillwe) (s	(this hospi	tal) attended the	deceased from	70	-18 id that in (my) (	19 <u>79</u> our) opinion di	to 5-9	ote and t	19	that (I) (we) last couses stated
	12h SIGNATURE		1 111	/		DEGREE	and the second	Asset Direct	2	22c DATE	SIGNED
	1 year	eu )	x M	mos			TENDING HYSICIAN	MEDICAL STA	CIAN X	5-9	-79
	22d. PHISICIAN 5 No			0		22e ADDRESS			177		THE REAL PROPERTY.
	JUA	UM NA	NOZ, M	I.D.		GBMC-	6701 N	. CHARLE	S S	Τ.	
23e B	BURIAL, CREMATION,		236 DATE 2	/20 236.1	NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION		COUNTY	. STATE
1	Burt	ial	-		uaon	rark		ery Ball			
24 FL	JNERAL DIRECTOR	werting .	Juneral o				250 DATE	REC'D. BY REGISTRAR	25b KEG	128A9 7 1006	LUPE day
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Catanada, Alta 21223

DHMH - 16 50M 1/76 (VR A 15 (4))

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1-5	or TATE	8771 7/6			MENT OF HEAL  EXAMINER'S		ENTAL HY		7.9 -	-11060
1 DEC	EASED NAME	FIRST	7716	MIDDLE	EX:AMITAER S	LAST	AILOI	20. DATE KN	NOWN X MO	NIH DAY YEAR 126 HOL
(TYPE	OR PRINT)	Willa	rd	E.		Smith		OF DEATH A	ESTI-	5 18 19 79
3 SEX	4. R	ACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS IF	UNDER 1 YR.	IF UNDER 2	MIN PRONOUNC	MON ED	12:2
	Male	White	Mar 28		58 YRS.			DEAD		5 18 19 79 F
FOR	eign country		U.S		MA	RRIED A NE	VER MARRIE	D U	_	re County,
10. CIT	Y OR TOWN OF		11. NAME OF HOS	SPITAL, NU	RSING HOME, OR C	THER INSTITU	TION	12a. USUAL OCCUPA	TION (TYPE OF WO	DRK 126. KIND OF BUSINESS
	ings Mil		Gwynbro		Reisterst	own Roa	d	Traffic E		
13a. ST		136 COUNT		13c CITY	OR TOWN  1 timore	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2807 G1	endale	Md. 21234 Avenue
	THER'S NAME		MIDDLE		LAST	15. MOTHE	R'S MAIDEN	NAME MIDI	DIE	LAST
W	illiam		E.		ith		cilia			Hess
	AS DECEASED ENS. NO. OR UNKNOWN)	(IF YES, GIVE W			1-16-4098	Rita	11,	ife: mith 28		lt. Md. 21234 dale Avenue
TION	gave rise cause (a) sta lying cause li	if any, which ta immediate ting the <u>under-</u> ast.	(b) DUE TO, OR (c) ONTRIBUTING TO ORATH	R AS A CON	NSEQUENCE OF  NSEQUENCE OF  ATEO TO THE TERMINAL OIS			4	Disease	
FICA	190 DATE OF OP	EKATION	196. COND	HONFOR	WHICH OPERATION	WAS PERFOR	MED!			20 AUTOPSY?
MEDICAL CERTIFICATION	210 EXTERNAL C UNDERLYING CONTRIBUTING	OR		A. MONTH	DAY YEAR	. HOW INJURY	OCCURRED	) (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	
MEDI	21d. INJURY OCC WHILE N AT WORK A	URRED IOT WHILE T	21e PLACE STREET, FAC	OF INJURY		STREET		CITY OR TOWN	1	COUNTY STA
	death resulted f	ram: Nature	e of the remains de al causes X,	Accident Jolan	, Suicide		Inspection cide PECIFY) istant	Undetermined man	ner ,	ATE 5/19/79 GNED 5/19/79
	(TYPE OR PRINT)		nia L. Do		M.D.	ADDRESS_	ORY	23d. LOCATION CITY OR TOWN	Penn St	reet
[3]	Bur	ial W	May 22 19		Moreland	Memoria	al	Baltimo		Maryland STATE
	NERAL DIRECTO		Inc. B	altim	ore, Mary		MAY	2.1 1979	25b. REGISTRA	R'S SIGNATURE

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Learned D. Bust, Law. intelligence of the Committee of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

### STATE OF MARYLAND

	1 - STATE		DEPA		ICATE OF DEATH	REG. N	79-	11061
1	DECEASED (TITE OR PRINT)	NAME FIRST	liam C.	5	ni de v	20. DATE OF DEATH	MONTH D	79 117
A.	1. SEX	M	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR IF UNDER ONTHS DAYS HOURS
N	COUNTRY	CE STATE OR FOREIGN  DAKOTA	76 CITIZEN OF WHAT COUNT	MARRIEI		Baltimore city	e cou	nty
55	B a	OWN OF DEATH  TWO TR  DENCE (IF NURSING HOME O	11. NAME OF HOSPITAL, NU		GOMEN DHOSPIA	120 USUAL OCCUPAT		126 KIND OF BUSINE INDUSTRY City High
35	13 STATE	nd 136 B	NTY 13c. CITY OR 1		YES NO DE NO DE NAMES NO DE NAMES NO DE NAMES NO DE NAMES NA		darme	re Rd.
0,30	Ü	John (	MPDLE SIAST	der	Ruth	WIDDLE	17	fighkin
1			E WAR OR DAISE)	2-4376	Ruth She	man 10	6 Cel	darmere mills hu
y months are constant	gove cause under		DUE TO, OR AS A CONSE	DUL MA OUENCE OF MYD CO TO DEATH BUT		LAY CTIM		N IN PART I (a)
9	TIFIC	TE OF OPERATION		TICH OPERATION		YES NO	IN CERTIFY YES	ING CAUSES OF DEAT
100	00.000	CIDENT WAS UNDERLYING [ HTRIBUTING ] CAUSE OF DE ER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	RT 1 OR PART 2)
	WEDICAL MEDICAL MEDICA	UURY OCCURRED  NOT WHILE  AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn /	COUNTY ST
	so at	w the deceased alive or eave, (1) (we) (did) (did n	of view the bady after death.	19. 79. or	nd that in (my) (our) opinion	death occurred on the c	date and hour	9 that (1) (v and from the causes sta
		fu-11a	1 Huary N	1. p.	ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	\$/1/7
1	77d. PH	JOL -NA	PRPRINTI PLANT		Baltinore	2 county 9	· eneva	l Hosfital.
	230 BURIAL	CREMATION, REMOVA	MAY 4, 1979	ALL S	DAINTS Cem.	23d. LOCATION Revision	rs town	BALT L
	IN FUNERAL	PRECTOR	2. Ellipet LADORES	5 ()	Med 250 DAT		25b. REGIGIR	ALS SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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es that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician.

# itor, page 3 after death

en signed by the attending physician and completely filled in by the I. Then please remove carbonpapers Pages 1 and 2 shauld be filed wi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached far use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows any

injury, or other traumatic event, the

### FOR - STATE DEPARTMEN

STATE OF MAKTLAND	
T OF HEALTH AND MENTAL HYGIENE	
ERTIFICATE OF DEATH	05.0 41

REG. NO.	9 -	1	1	0	6	2
REG. NO.	-					

	REGISTRAR		CLIN	IIICAIL OI DEATH		REG. NO			
	CEASED NAME FIRS	T MIDD	LE	LAST	2a. D	ATE OF DEATH	нтиол	DAY YEAR	2b. HOUR
(TIPE	MARY	CAMII	LIA	SNYDER		MAY	19, 1	1979	5:30A N
3. SEX	(	4 RACE		E OF BIRTH		GE (IN YEARS LAST BIRTH	DAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE	WHITE	DE			52	YRS.	MONINS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8	RIED NEVER MARRIED	9 BA	LTIMORE CITY OF	COUNT	Y OF DEATH	
	MARYLAND	USA		WED DIVORCED		BALTIMORE	COU	YTY	MD
10 CI	TOWSON		CILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST OF SECRETAR	WORKING LI		OF BUSINESS OR
USU / 13a. S		COUNTY 13c	ERESIDENCE BEFORE ADMISSIO . CITY OR TOWN COCKEYSVILL	134 INSIDE CITY LIMIT	TS? 13e S	TREET ADDRESS 84 PADONI	A RD		
14 F.A	J. LEON	JARD S	NYDER	15 MOTHER'S MAIDE FIRST NORA	NNAME	MIDDLE		JOYCE	ST
	VAS DECEASED EVER IN U.S. (16 YE NO OR UNKNOWN) (16 YE	S, GIVE WAR OR DATES)	19-22-7072	J. BROWN 1	2800 B	ADDRES BRUNSWICK		BOWIE.	0715 MD.
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse los.  PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION	AUSED BY: EDIATE CAUSE (0)  DUE TO, OR AS the (b) DUE TO, OR AS TO (c)  ANT CONDITIONS CONT	CARDI  A CONSEQUENCE OF METASTAT  A CONSEQUENCE OF RIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL D	a AUTOPSY?	20b. IF YE IN CERTII	VEN IN PART I	NGS USED
	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE (  {IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M.			CCURRED (E	enter nature of injury	IN ITEM 18,	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
	22a I certify that (I) (this saw the deceased aliv	41,	4 19 79	ond that in (my) (our) op  DEGREE  ATTENDIT	NGMEI	DICAL _/STAF			
	22d. PHYSICIAN'S NAME (	T. KEES		220 ADDRESS MANOR CAR		PPA RD.	MIN []	-///	
23a B	URIAL, CREMATION, REMO SPECIFY) BURIAL	MAY 22,1		THEDRAL CEM		LOCATION CITY OR TOWN ALTIMORE		COUNTY	MD STATE
	INERAL DIRECTOR NAME I TCHELL -WIEDE	FELD HOME 6	ADDRESS SOO YORK R	D . 250	MAY 2	2 1979 TRAR 2	Sb. John	A STATE OF THE PARTY OF THE PAR	and a

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DHMH - 16 50M 7/77 (VR A 15 (4))

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20715 11 219-22-7072 J. Markey 12500 Skinkey in turn nonce, me

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PHYSICIAN: The law attending physician.

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TO HOSPITAL

BP.

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-11063

REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO	).				
DECEASED NAME	FIRST	A	AIDDLE	L	AST		2e. DATE O		монтн	DAY	YEAR	26. HOL	JR /
(TYPE OR PRINT)	RIE		Margaret	SOI	MMERMA	M			5	7	79	43	- (h
SEX	4 RA		Markaraa	5 DATE C	F BIRTH		6. AGE (IN)	EARS LAST BIRTH	HDAY)		ER I YEAR	IF UNDER	
FRMALE		WHI	TE	MONTH	16	89		89	YRS.	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE ISTATE ORF	DREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	E.	D NEVER A			ORE CITY OF		Y OF DE	ATH		
Maryland		USA		WIDOWE		ORCED	RAI	TIMOR	E C	OLINI:	TV		ME
CITY OR TOWN OF DEA		NAME OF H	HOSPITAL, NURSIN	G HOME C	- 420		12e. USUAL	OCCUPATION OF OF	NC	12b.	KIND OF	F BUSIN	
TOWSON		S T	JOSEPH		DITAL			emaker		IFE] INU	JUSIKI		
ISUAL RESIDENCE (IF NUR.	ING HOME OF OTHER	INSTITUTION,		ADMISSION)	13d. INSIDE C	TV I III I I I	13e STREET						
Marvland	Baltimo	ore	Rodgers		YES T	NO IX		Stann	nore	Rd.			
FATHER'S NAME						MAIDEN NAM							
John Tu	cker		LAST			arie		MIDDLE			LAST		
WAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRE	SS				-
(YES, NO OR UNKNOWN)	(# YES, GIVE WAR	OR DATES)	220-48-6	102	Mrs.	Anna S.	Stre	ett	Sa	me			
II CAUSE OF DEAT	H (Enter only on	e couse per			77	, _	1.1				APPROXI	MATERIALE	RVAL
PART I. DEATH V	AS CAUSED BY		(1'oui	15	sh d	ne v	Mill	1/28	_				
175822	IMMEDIATE CA		CALLE	10	1	V	1 m	1		_			
7407		DUE TO, O	R AS A CONSEQUE	NCEOF	( 1 h / los	inga h	ison	7					
Conditions, if any		(b)			nyu	acoup.	0000	/		-			
cause (a), stati	,	DUE TO O	R AS A CONSEQUE	NCE OF	1								
underlying couse	lost.	(c)											
PART 2 OTHER SIG	NIFICANT CONE	OITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEAS	SE OR CON	DITION G	IVEN IN	PART 1(c	31	
		_											
19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?			E FINDIN		
¥	= 1						YES	NOC		YES	CAUSES	OF DEAT	
21g. ACCIDENT WAS UN	DERLYING	216. TIME O	FINJURY		21c HOW IN	JURY OCCURR		Total Control	_		PART 2)		
			M. MONTH DA										
(IF EITHER, NOTIFY MEDIC		P.	M. OF INJURY	19	211. LOCATIO	N							
	HILE [7]		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		1	CITY OR TOW	14	COL	UNTY	S	STATE
AT WORK				Dr. X	10	10/0	- 60	ay.	7	10 7	0	41 4 45 4	(· · · · · · · · · · · ·
220 I certify that (I				9	nd that in (mu)	(our) opinion o	death occurr		ate and he	our and f		that (1) (	
sow the decease above, [Jrijwe] ( 77h SIGNATURE	fid) (did not fire	w the body	after de6th.	- 1	DEGREE	(00.10)					N DAJE		
IN GIGNATURE		10/	Tool	111	. //	TTENDING .	MEDICAL	STAF	·F		17/0	179	
Naur	ull	6	rour	m.	4.	PHYSICIAN		R PHYSIC	IAN 🗌	_	10	11/	
224 PHYSTCIAN'S N					22e ADDRES						, ,		
Dr. La	urence	C. Po	st		6	305 Yor	k Road	1					
BURIAL CREMATION	REMOVAL 23	b. DATE	230 1	NAME OF C	EMETERY OR	REMATORY	23d LOC	ATION		COUNT	Υ	51	TATE
Burial		lay 11	1979	Bal	timore		Bal	timore	Cit	w h	Janu'	Land	
FUNERAL DIRECTOR			ADDRESS 6		ork Rd	250 DATE	E REC'D. BY	REGISTRAR	25b. RECAS	TRAR'S	SIGNAT	9/4	la
itchell-Wie	defeld !	Home.	Inc. I	Balto.	, Md.	1MA	AY 14	13/3	Jul.	7	,,,,,	-	7

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc.

6500 York Rd. Balto., Md.

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death certificate

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PHYSICIAN: The low

retained by the hospital or attending physician. ATTENDING

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other traumatic event, the

# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after dealth the state with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79	 1	1	0	6	4
1.0	1		_		

REGISTRAR				CERTI	ichic oi b		REG. N	0.			
DECEASED NAME	FIRST		AIDDLE	ı	AST	AT W	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
.,	CARRIE		В.	SI	PARE		Committee and	05	13	79	4:50 1
SEX	4	RACE		S. DATE C		WEAR	6 AGE (IN YEARS LAST BIR	(YADHY)		ER I YEAR	IF UNDER 24 H
FEMALE	350	WHIT	E	12	16	91	8	7 YRS	MONTHS	DAYS	HOURS
BIRTHPLACE (STATE OR I	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	D NEVER M	APPIED [	9 BALTIMORE CITY	R COUN	TY OF D	EATH	
MARYLAND		U.S.		WIDOWE	DI DIV	ORCED	BALTIMORI	E COU	JNTY		
CATONSVILL		1 IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET HAVEN NU	ADDRESS)	HOME	TUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKER			DUSTRY	OF BUSINESS
SUAL RESIDENCE (IF NUR 30. STATE MARYLAND	13b. COUNT	THER INSTITUTION, Y IMORE	GIVE RESIDENCE BEFOR 13c. CITY OR TOW ARBUTUS		136 INSIDE CI	TY LIMITS?	13e. STREET ADDRESS 5555 OREGO	ON AV	ENUE	E, 21	1227
FATHER'S NAME FIRST GEORGE		DDLE	LAST WATTS		J	ENN IE	MIDDLE		ŀ	ETT.	st LEMAN
WAS DECEASED EVER	(IF YES, GIVE V		166 SOCIAL SECU		17 INFORMAL		ADDRI				
NO			213-74-	2376D	JOSEP	I D. LA	ANG, 5555 O	REGO	1 AVE		
18 CAUSE OF DEAT	H Enter anly	one cause per	line for (a), (b), an	id (c.)						BETWEEN	ONSET AND DEA
	mediate ng the e last.	(c)	R AS A CONSEQUE		NOT RELATED	TO THE TERM	inal disease or con	DITION C	SIVEN IN	PART 16	a ·
190 DATE OF OPERA	NOIT	196 CONDI	TION FOR WHICH	N WAS PERFOR	MED	20a AUTOPSY? YES NO	IN CER			NGS USED S OF DEATH?	
OR CONTRIBUTIONS	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH D.	AY YEAR	21t HOW IN.	URY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8, PART 1 O	R PART 2)	
216 INJURY OCCUP	RED	21e. PLACE			211 LOCATIO STREET	N	CITY OR TO	ΨN	co	OUNTY	STATE
220.1 certify that (I sow the decea abave, (I) (we)	sed alive on_		19_		nd that in (my)	our) opinion	, to death occurred an the d	ate ond h			that (1) (we) couses stated
226. SIGNATURE	lut	Kun	In	V25.5		TENDING HYSICIAN	MEDICAL STA		2		SIGNED
224 PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS						
ROBERT B	KROO	PNTCK	M.D.		LIBER	Y PLAZ	ZA SHOPPING	CENT	ER		
BURIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNT	***	STATE
BURIAL		05-16-	79 LO	UDON 1	PARK CEN	ETERY	BALTIMORI		Y	MAE	RYLAND
FUNERAL DIRECTOR			ADDRESS		21229	25a. DAT	E REC'D. BY REGISTRAR	25b. RP	ISTRAR'S	SIGNA	PRE

MAY 1

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

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Items #18a-22a Film G532 6/5/

# ATTENDING PHYSICIAN: The lo offending physician.

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IMPORTANT: If frem 21 is

MEDICAL CERTIFICATION

### FOR - STATE REGISTRAR

	STA	TE OF M	ARYL	AND	
EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

	DEFARIN	CERTIFICATE OF DEATH	REG.	NO. 7	9-11	06	6
W	MIDDLE	LAST	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOL	JR .
1	St	May 29,	м				
	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST B	IRTHOAY)	F UNDER I YEAR	IF UNDER	24 HRS
	White	August 27, 1902	76	YRS.	DNTH5 DAYS	HOURS	MIN.
	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
f	USA	MARRIED NEVER MARRIED   WIDOWED   DIVORCED	Baltimo	re Count	ty		MD.
	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND C	F BUSINI	ESS OR

Edgemere 7515°		7515	hesapeake Av	e. 21219	(TYPE OF WORK FOR MOST OF WORKING LIFE)  Beth. Steel	INDUSTRY	
USUAL RESIDENCE (IF) 130 STATE Md	Balt		GIVE RESIDENCE BEFORE ADMISSIO 13t CITY OR TOWN Edgemere	N) 13d. INSIDE CITY LIMITS? YES NO 🔣	7515 Chesapeake	Ave.	2121
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		

È	Frank	MIDDLE Sta	chowski	Cati	herine	WIDDLE		Tomchesk:	i
1	160 WAS DECEASED EVER IN (YES_NO OR UNKNOWN) (II	FALL CHICKMAN OF DARKS	218-10-6517				7515		219 Av

(YES, GIVE WAI	R OR DATES)	218-10-6517	Mrs. Mary St	achowski 7	515 Che	sapeake Ave.
18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE C	Υ	Cardi	re anes	7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	SA CONSEQUENCE OF	ine Calin	Vasc. X	liga	5 yrs
PART 2 OTHER SIGNIFICANT CON	7 -	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	IN PART 1(a)
190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		ERE FINDINGS USED IG CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF IN HOUR A.M. P.M.		21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2]
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
220   certify that (1) (this hospital) saw the deceosed alive on above (1) we) (did) and not vis	5-14	er death 1979, or	nd that in (my) (our) opinion d	eoth occurred on the de		
22b. SIGNATURE	May	omil	ATTENDING PHYSICIAN	MEDICAL STAI		5-30-79

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 6/1/79 Buria]

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Dundalk

COUNTY

24 FUNERAL DIRECTOR

1 DECEASED NAME (TYPE OR PRINT)

Male 70. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Maryland

3 SEX

Michae

Sacred Heart of Mary Dundalk Baltimore Maryland Dundalk, Md 214220ATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home, Inc. 7922 Wise Ave

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to etoined by the hospital or O HOSPITAL

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

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MILE MILES INTERPREDICTION				

ng physicion ond completely filled in by the funerol dir bonpopers. Pages 1 and 2 should be filed within 72 hou

signed by the ottending physici

injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

		FOR	
Į.	-	STATE	
8		317116	

### STATE OF MARYLAND DEBADTMENT OF HEALTH AND MENTAL HYCIENE

9-11001	1106	7	
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1	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	19-1	1 U	01
	DECEASED NAME FIRST	MIDDIE	E	Stole	20 DATE OF DEATH MON		YEAR	3:30 P M
3	SEX	4 RACE	5 DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		RIVEAR	IF UNDER 24 HRS
	FEMALE	WHITE		UNKNOWN YEAR	86	MONTHS .	DAYS	HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? 18	RIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DE	ATH	
	MARYLAND	USA		XXXX DIVORCED	BALTIMO	RE COUN	YTY	MD.
10	CITY OR TOWN OF DEATH			E OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
	PIKESVILLE	MILFORD	MANOR NURSI	NG HOME	HOUSEWIFE	RKING LIFE) IND	TH.	OME
	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		CITY OF TOWN BALTIMORE	13d INSIDECITY LIMITS?	3915 BARTWO	OD RD.	#2:	1215
14	FATHER'S NAME FIRST  CLOLMAN	WIDDLE	HARRIS	15. MOTHER'S MAIDEN NA	MIDDLE	0	NKNO	aud)
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES?	1978 - 38 CO. 1979	TIPO DEVICE	SACHS 3915 B	ARTWOOD		
	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse last	DUE TO, GRAS	A CONSEQUENCE OF	inal carrin	nacores oma, rour	ce	31	mas mas
MOLTACION	PART 2 OTHER SIGNIFICANT			UT NOT RELATED TO THE TER/		ON GIVEN IN F		
	april 197	9 ELPL	oratory-	laparotomy	YES NOX IN	YES _	AUSES	OF DEATH?
1	OR CONTRIBUTION CALLES OF DE			RV	RRED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR	PART 2)	8
MEDICAL	21d INJURY OCCURRED  WHILE ONOT WHILE ON AT WORK	21e PLACE OF I (AT HOME, STREET,	NJURY FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	cou	INTY	STATE
	220 I certify that (I) (this hasp saw the deceased alive or above, (I) (me) (did) (du	MANA	19 74	and that (my) tow) opinion	death occurred on the date of	and hour and fr		that (I) (we) lost couses stated
	22b SIGNATURE	Yaldita		DEGREE ATTENDING	MEDICAL STAFF	220	C. DATES	SIGNED

should be detoched for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR: After this certificate hos been retained by the haspital or attending physici TO HOSPITAL

OR ATTENDING PHYSICIAN: The lo

DHMH - 16 50M 1/76 (VR A 15 (4))

23b. DATE MAY 20, 1979 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY BALTIMORE HEBREW

22e ADDRE

REISTERSTOWN BALTO.

MD

SOL LEVINSON & BROS., INC. FERSTOWN RD. BALTO., MD 24 FUNERAL DIRECTOR SOL LEVINSO 6010 REISTERSTOWN RD.

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MAY 2 5 1979 Fishery Relievely

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EG. NO	7	9	-	1	1	1	6	8
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1	FOR	DEPARTA	WENT OF HEALTH AND MENTAL HYG	IENE	
1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	9-11068
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1186	CLAR	A	STEFAN	5/2	7/79 10 7 1
3 SEX	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR IF UNLER 24 HRS
- 33	F	W	7/9/1898	80 YRS	MONTHS DAYS HOURS MIN
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	POLAND	U.S.	WIDOWED DIVORCED	BALTO. Co.	MD
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
CA	FTONSVIlle, MD.	FOREST HAVE	Nursing Home	HOUSEWIFE	(C) INDOSTRY
USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	RÖTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	21219
	14.4.1	9270.	YES NO	3206 R.VER 7	Or Rd.
14. E.A	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	
	Stanislaus	Yabczynski	Stella	WIDDLE	Ciesielska
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL	IRITY NO. 17 INFORMANT	ADDRESS	
(1	(IE YES, GIVE UNKNOWN)	212-03-	2131 Recorns of	FOREST HAVE	en N.H.
	18 CAUSE OF DEATH (Enter on	nly one couse per line (ay ai, (b), on	~ 111 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	PART I. DEATH WAS CAUSE	TE CAUSE (O) LOOK	1 HHack		
	410-	DUE TO, OR AS A OWNED	NCEOK )		
115	Conditions, if ony, which	HSC	00		
	gove rise to immediate	DUE TO OR LE CONSERVE	INC. DE	1/	
	underlying couse lost	DUE TO, OR AS CONSTRUIT	may in	zcell.	
	FART - STHER SIGNIFIZANTS	CONTRIBITIONS CONTRIBITIONS TO	DEATH BUT OF REVITED TO THE TERM	INAVEL OF COMDITION OF	VEN IN PART 110
NO	12. TANK	e Mi	uten -	Mouna	
AT	THE BATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTO 10s IF YE	S, WERE FINDINGS USED
CERTIFICATION		//		The state of the s	FYING CAUSES OF DEATH?
CERI	210. ACCIDENT WAS UNDERLYING		TIL HOW INJURY OCCUR	RED TENED NATURE OF HIGHER IN TENE TE.	PART I OKPARTZ)
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	The same of the sa	
MEDICAL	21d, INJURY OCCURRED	P.M.	21f. LOCATION		A THE RESIDENCE
ME	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
		ital) ottended the deceased from_	3-17 10-7	7 10	. 19, that (I) (we) lost
-33	saw the destrated give on	5=27 19	75, and that in (my) (our) opinion	death occurred on the date and ho	
	22h SRGMA LIRE	of view the body ofter death	DEGREE		220 DATE SIGNED
	/TAI	MAKI	A A A ATTENDING	L MEDICAL STAFF	3-312
	THE SICIAN'S NAME (THE O	SEPREMETS D	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11
	HARRIN	1 POR	77.70	lak Heri	hor Ar
22.0	BURIAL, CREMATION, REMOVAL	23h DATE 273 ( 1	NAME OF CEMETERY OR CREMATORY	123d LOCATION	7777
230 0	Removal	5/27/79	TANK OF CEMETERT OR CREMATORY	CITY OR TOWN	COUNTY STATE
24 FI	INFRAL DIRECTOR	3/2//13	125m DAT	F REC'D BY REGISTRAR 75h REAL	TRARIS SIG LATINE

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the build-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

Anatomy Board

Balto., Md.

JUN 7 1979

## TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled with with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be natified 24 hours ofte certificate deoth requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

FOR - STATE

### CTATE OF MADVIAND

STAIL OF MAKILAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	D

1.	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	7	9-11069
I. DE	CEASED NAME	FIRST	A	NIDDLE	(	TZAST	24 DATE OF DEATH	MONIH	DAY YEAR 26 HOUR
		WAR	1	W.	5	tem		5	179 705 1
3 SE			RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male		Whi	ite	MONTH	6 08	70	YRS	MONTHS DAYS HOURS MIN
	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		TY OF DEATH
M	aryland		U.S.		WIDOWE	D DIVORCED		Balti	more MD.
10 C	ITY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF BUSINESS OR LIFE) INDUSTRY
1	OWSON					sing Home	Mainrance		State Roads
130	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
Ma	ryland	Carro	11	Westmins	ter	YES NO K		in Qua	arry Road
14. F/	ATHER'S NAME	MIDI	DLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		TZAL
	George	C	•	Stem		Ida	May		Poole
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDR		
	Yesl	WW I	I	218 09 4	578	Mrs Katheri	ne Lambert	Same	as # 13
	18 CAUSE OF DEATH	H Enter only o	one couse per	//	/	of 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1 de la constantina	IMMEDIATE C		Cand	N	/ hau	-9		
	1629 DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which								
10	couse lost bunderlying couse lost DUE TO, OR AS A CONSEQUENCE OF								
	(6)								
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
ATIC	19a DATE OF OPERAT	HON	TIPP CONDI	LION EOB WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	I 20h JE VI	ES, WERE FINDINGS USED
CERTIFICATION	DAIL OF OFERA		I'M CONDI	HONTOK WINCH	OFERATIO	IN WASTERI ORMED	- 100	IN CERT	IFYING CAUSES OF DEATH?
ERT	21g, ACCIDENT WAS UND	ERLYING	21b. TIME OF	INJURY		21c. HOW INJURY OCCUP			YES NO
	OR CONTRIBUTING C			A. MONTH DA					
MEDICAL	21d INJURY OCCURR		P.A 21e PLACE C		19	211 LOCATION			
M.	WHILE NOT WHAT WORK		(AT HOME, STRE	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY STATE
	220.1 certify that (1)			deceased from_	27 0	Wrat 19 17	2, to 1 MC	uj	, 19, that (I) (we) last
	sow the decease above, (1) (wet) (d	d alive on	ew the body of	ofter death.	9.00	id that in (my) ( <del>our)</del> opinion	death occurred on the d	ate and ha	our and from the couses stated
	22b. SIGNATURE	1 ,	1	- Nee	7	DEGREE			22c. DATE SIGNED
		vall	ur/.	1000	1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	May 79
	22d PHYSICIAN'S NA	ME (TYPE OR PR	NT)	11		220 ADDRESS	1.011	1/	11 11 11
	WALTI	ER	. /	SEES		3018 Nou	uns Mill	101	Mauklan Herry

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE 5/3/1979 24. FUNERAY DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Taylorsville Cemetery

Md. Carroll

metery Taylorsville Cs

1250. DATE REC'D. BY RECISIE BY 250. REGISTRANS

MAY 1 0 1979

ali Lite .... Dos franc Since Care United and and and and and and Mary Transfer of the Control of the 3000 72 motion of the control Year Will Clays West the Substitut Lambert Sone at 7 13

5/3/1979 Tayloraville Jenterry Acres ville Carroll Md.

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# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pags should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. medical exam

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

FOR

### STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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1-	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								-	070
	CEASED NAME	FIRST	٨	AIDDLE	L	AST	20 DATE C	OF DEATH	MONIH DA	Y YEAR	26 HOUR P
(1176		Alfre	5-6	James	C	STEVENS	Ma	v 30	1979		125.3M
3. SEX			RACE	O D I I I I	5. DATE C	F BIRTH		YEARS LAST BIRT	HDAY] IF	UNDER I YEAR	IF UNDER 24 HRS.
	Male		Whit	te	Apr	il 16, 1915	63		YRS.	INTHS OAYS	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNTY C	FDEATH	
Ma	ryland		US	SA	WIDOWE		Balt	imore	Coun	tv	MD.
10 CI	TY OR TOWN OF DEA			OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL	OCCUPATE			of Business or
	ssville 21		Frank	lin Squar	e Hes	pital	Laber		WORKING LIFE)	Sand	& Gravel
13a S	AL RESIDENCE (IF NURS	136 COUN	TY			13d INSIDE CITY LIMITS?	13e STREE	ADDRESS			
M;	aryland	Balt	imere	Essex 21	.221	YES NO	536	Glenwo	ed Road	i	
14. FA	THER'S NAME	N	NIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	WIOOFE		LA	51
	Jehn		H.	Steve	ns	Margare	t	-			nson
	VAS DECEASED EVER		AED FORCES?	166. SOCIAL SECU		17 INFORMANT 31	9 St.	George	SS Read	21221	
	No		-	212-30-8	817	James A. Ste	vens,	Jr.,			
	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  Cardio Respiratory Arrest  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  (c) Probable underlying malignancy									ONSET AND DEATH	
O					7						
CERTIFICATION	196 DATE OF OPERAT	Pleural Effusion  196 CONDITION FOR WHICH C				N WAS PERFORMED	200 AU1	NO T		WERE FIND I	NGS USED S OF DEATH?
MEDICAL CERT	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC) 21d INJURY OCCURE WHILE NOT WH	HILE NOT WHILE TO (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC				211. HOW INJURY OCCURR 211 LOCATION STREET	4,00		Y IN ITEM 18, PAR	T 1 OR PART 2)	STATE
	220.1 certify that (this hospital) attended the deceased from May 20 19 79 to May 30 19 79 saw the deceased alive on May 30 19 79 and that in (**) (aur) opinion death occurred on the date and haur and from above. If (**) (**) (**) (**) (**) (**) (**) (**							22c. DATE	that (we) last couses stated  SIGNED		
	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOC	ATION	Count	OUNTY M	STATE
	Buria	1	6-2-79	7 DOT	ту пт	11 Cemetery	Dali	Timare	vount;	y, mar	yland

PA 1407 Old Eastern Ave.

BY PECISTRAR 256. RESTERNA

Home

Funeral

Brazdzinski

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Best term County, Meryland

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DELAY IS NICESS AS A	3. SI £ 170. 10. (C. T. USU 13a. 14. 1 S. 16a.
9.21201 4. IF AND 3. RET, 2. SHOUL AL RECO	14
ALTIMORE, ME SAFTER DEATH GIVE PAGES 1, TITH FORM PM, AGES 1 AND: VISION OF VIT	S 160.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS INCLUSIVE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS BATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION
-mg-da	230.

BP.

DHMH · 17 (VR A15 ME (5)) 15M 7/77

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3 - STATE	MEDI	CAL EVALABLEDIC	CERTIFICATE OF DE	NE 7 0	11071
	REGISTRAR  I. DECEASED NAME FIRST		CAL EXAMINER'S	CERTIFICATE OF DEA	KEG, NQ.	11011
	(TYPE OR PRINT)	name of the same o	NODE:		20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
d	Maru	<u> </u>	, S	TOKES	DEATH MATED \$ 5-	21 1979 AM
1	3. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER 24 HRS. THS DAYS HOURS MIN	PRONOUNCED MONTH	DAY YEAR 24. HOUR
	female black		881 92 YRS. "	THE PARTY HOURS	DEAD 5-	21 1979 AM
í	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? B. MARE	RIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
ſ		Va U.S.A.		WED DIVORCED	County	f Baltimore
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME, OR OTH		UAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	Turners Station	4 4 4 4		Ho	MOST OF WORKING LIFE)	OK 1140031K1
	USUAL RESIDENCE (IF IN NURSING HO	ME OR OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSION)	has more community his over		
j			Turners		.01 Chestnut St.	
-	14 FATHER'S NAME			15. MOTHER'S MAIDEN NAM	E	
1	FIRST Educated	MIDDLE	LAST	Rebecca Webst	MIDDLE	LAST
1	Simon Fitzgeral  160, WAS DECEASED EVER IN U.S.		6b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
1		GIVE WAR OR DATES)	213 09 2499	Mrs. Westie	Brown 101 Ches	tnut
	no			MIS. WESTLE	Brown for ones	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	JSED BY:	C	a to	+ ayente	BETWEEN ONSET AND DEATH
	) IMMED	DIATE CAUSE (o)	A CONSEQUENCE OF	margy	and a company	-
	Conditions, if any, wh		A CONSEQUENCE OF	1,1	100	
	gove rise to immedi	ate (b)	havenc	Keta	duccon	
	cause (a) stating the unc lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF			
		(c)				
		JNS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a).		
	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS					
7	190. DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?
						YES NO
î			JURY NONTH DAY YEAR	IOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	RT 2)
	S CONTRIBUTING CAUSE		19			
	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF I		STREET	CITY OR YOWN COL	UNTY STATE
	WHILE AT WORK AT WORK					
	220. I certify that I took ch	arge of the remains describ	ped abave, held an Autor	psy , Inspection ,	Inquiry X, and in my ap	ninian
		N	cident D Suicide		etermined manner .	
	10	211	7	TITLE (SPECIFY)	Termined manner	1 1.
	ACTUAL SIGNATURE	Will Ira	ale .	De mak.	DICAL EXAMINER SIGNE	5/2/179
į	SIGNATORE_	1012		The state of the s	SIGNE SIGNE	
4	EXAMINER'S NAME (TYPE OR PRINT)	. S. AH	LUWALIA	ADDRESS 2112 I	)undalk Au	balf 2/229
	23a, BURIAL CREMATION REMOVA	L 23b. DATE	23c. NAME OF CEMETERY C	OR CREMATORY 23d, LC	OCATION .	
	Burial	5/27/79	Levy Cemet		reen Bay, Va.	NTY STATE
	24 FUNERAL DIRECTOR		1		V DECISTOAD LIST DECISTOANS C	SCALATURE.

James A. Morton & Son 1701 Laurens St.

Green Bay,
250. DATE REC'D. BY REGISTRAR 25b.
MAY 2 5 1979

REGISTRAR'S SIGNATURE

EIDIF-E

Courter O. Sull-Licone

while av . of yamada

a transport Toronto Ptation - 201 Chestaut St.

101 Chartent St. account .oufes .....

retedel mesessi Bingsupara don't 213 09 2409 Mar. Westin Brown 101 Chestnet

5/27/79 Tevy Connears call , and man  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours aftit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

notified of once.

within 24 hours ofter

certificate be executed

the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11072

ı		REGISTRAR			CENTIL	ICAIL OI DLAIN		REG. NO			
		CEASED NAME OR PRINT)	FIRST	WIDDLE	00	AST	20. [	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	3 SEX	,	10 Seph	Λ.	5 DATE C	renter	4 4	GE (IN YEARS LAST BIRTH	> / 4	UNDER I YEAR	IF UNIT & DA MRS
ı	3 357	MALO	* NACE	White	MONTH	DAY YEA		PA 89			HOURS MIN
1		RTHPLACE (STATE OR FO	REIGN 76 CITIZET	OF WHAT COUNTE	RY? 8		_ 9 B	ALTIMORE CITY OF	7.71.50	FDEATH	
9	cc	md.	U	1.5.A.	WIDOWE	D NEVER MARRIEL  D IVORCEL	_	Baltin	re no	unty	MD
	10 CI	TY OR TOWN OF DEA		E OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STE		ROTHER INSTITUTIO	N 120	USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	126 KIND OF	BUSINESS OR
4	115117	AL RESIDENCE HE NURSH	(2) B.	OT MINE C	sunt (	General He	05/1964	FARME	2	Hari	culture
	13a S		SE COUNTY	13c. CITY OR TO	OWN .	13d. INSIDE CITY LIMI		STREET ADDRESS	01 "	20	
H	14 FA	THER'S NAME	TICOUNKO	Toynes	VIIIC	YES NO NO		1625	Kt. S	d	
1	14 1 6	GEDRAP	MIDDLE	Strenke	R	Alica	e.	MIDDLE		DALLAST	
		VAS DECEASED EVER I	N U.S. ARMED FORC		CURITY NO.	17 INFORMANT		ADDRE	SS	1	E D TH
1		No		21836	9100	Wilbur	Zepp	- Syke	sville.	Md.	
		18 CAUSE OF DEATH PART I. DEATH WA	Enter only one cou	se per line for (o), (b),	ond ic	0	- 2	1	,	BETWEEN ON	ATE INTERVAL NSET AND DEATH
1			MMEDIATE CAUSE	o) Can	dupul	miray	arte	21			
1		410-		O, OR AS A CONSEC	DUENCE OF		1	-+1			
	-	Conditions, if any, gove rise to imm		b)	yoca	adial N	nfar	ain			
١	83	couse to, stating underlying couse		O, OR AS A CONSEC	DENCE OF		V			100	
١			(	c)							
	NO	PARI 2 OTHER SIGN	IFICANT CONDITION	NS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE	ETERMINAL	DISEASE OR COND	ITION GIVEN	IN PART IO	
d	CERTIFICATION	190 DATE OF OPERAT	ON 196 C	ONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		VERE FINDING	
6	RTIF						Y	ES NO	YES [	]	NO [
		210. ACCIDENT WAS UNDE		ME OF INJURY IR A.M. MONTH	DAY YEAR	21¢ HOW INJURY O	CCURRED (	ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
1	CAI	(IF EITHER, NOTIFY MEDICA	LEXAMINER)	P.M.	19		4		200		4
1	MEDICAL	21d. INJURY OCCURRI	CHIAL	ACE OF INJURY ME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
1		AT WORK AT WOR			06	1,1	70	+ - 1	7	79	100
		22a.   certify that (1) (		ed the deceased from	20-	d that in (my) (our) op	punion denth	occurred on the do	te and hour or		not (I) (we) lost
1		obove, (I) (we) (di	d) (did not view the	body ofter death.	- ( /	DEGREE	p	- Control on the do		22c. DATE S	
	Н	Jour	-nan	Huang		ATTENDI		DICAL STAF		5/12	2/79
1	10	THE PHYSICIAN'S NA	ME (TYPE OR PRINT)	1 . 1		22e ADDRESS	- 3- 4	-		2 . /	. 1
1		790	-NAN	HUANG		Baltim	NY C	ounty o	eyeral	4081	rfar.
		URIAL, CREMATION, R	EMOVAL 23b. DAT	E 7	NAME OF C	EMETERY OR CREMAT	FORY 23	d. LOCATION CITY OF TOWN	. 11 40	אדוייןע	STATE
-	24 FU	INERAL DIRECTOR	3	10-19	Mt. Va	14 (1) (1) (25)	A ALL REG	DOBYREGISTRAR	Sh REGISTRA	R'S SIGNATUI	111d.
- 1		NAME	V/ 1/1	# APDRESS			MAT	0 1979	JULY TON	4/1000	Bearing

11011-0 Harris Destroy Destroy Pro 19 st 15 mm 2 mm 2 To State Light Control of of the state of th

requires that the death certificate be

TENDING PHYSICIAN The low attending physician

TO HOSPITAL

BP.

executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical

must be notified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-7	0		2		0	7	2
REG.	NO	9	greda .	1	ŧ	U	1	J

250. DATE REC'D. BY REGISTRAR 250. RESISTRAR'S SIGNATURE

1979

FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE REG. NOT 9 -	11073
T DECEASED NAME FIRST (TYPE OR PRINT) Rober	rt A.	Strong	May 25, 1979	2;45P M
3. SEX Male	White	S. DATE OF BIRTH November 9, 19	6. AGE (IN YEARS LAST BIRTHDAY)  60 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Linginia	IN CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	12 / 1 /	of DEATH  onty  MD
Baltimore		IRSING HOME OR OTHER INSTITUTION (TREET ADDRESS)	128 USUAL OCCUPATION (APPE OF WORK FOR MOST OF WORKING LIE  PCURITY YUARD	12b. KIND OF BUSINESS OR INDUSTRY Balto. Paint
Maryland Bala		more YES NOXO	2344 Monumental	Avenue 21227
14 FATHER'S NAME Robert	troopavid Stron		andilia y mode Ann	Unboove West
160 WAS DECEASED EVER IN U.S. A (YES, NO OF UNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL S VE WAR OR DATES) 230 16	SECURITY NO. 17 INFORMANT Nonitta M.	Talmadge Baltimone	Road 2, Md. 21220
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	EQUENCE OF	TERMINAL DISEASE OR CONDITION GIV	3-5 inc
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTERNATURE OF INJURY IN ITEM 18, F	ART I OR PART 2]
214 IN JURY OCCURRED  WHILE NOT WHILE   AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
220 1 certify that (I) (this hasp sow the deceased alive of above (II) we) (did) (did n 214 SEGNATERE	NAKARANA	DEGREE  ATTENDI PHYSICI  220 ADDRESS	Wilkers AR A	19—19, that (ii) (we) lost rand from the causes stated  22c. DATE SIGNED  5 26 - 79  ale 21229
230. BURIAL, CREMATION, REMOVA  Burial	May 29, 1979	230 NAME OF CEMETERY OR CREMAT Crest Lawn Mem. Go	ory 23d LOCATION CITY OF TOWN	county land state

Mc ully Funeral Home of Brooklyn Baltimore, Md

DHMH-16 20M (VRA 15, 4) 7/7B

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

age 4 may be

ATTENDING PHYSICIAN The low attending physicion

TO HOSPITAL

requires that the death certificate be executed within 24 hours after

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

79-11074

	LDE	CEASED NAME FIRST	MIDDLE	-	AST	I to D	ATE OF DEATH	MONTH	OAY YEAR	2h HOUR	
- 1		OR PRINT)	Mobile			20.07	ALE OF DEATH	WOWIN	OAT TEAR	Za HOUR	p
		Geo	rge L.	SI	IBOCK	M	av 6.	1979		10:4	15 M
· 1	3 SEX	(	4 RACE	5. DATE O		6. AG	E (IN YEARS LAST O	RTHOAY)	IF UNDER I YE		4 HRS
		M	W	MQNT	2 - 947 - YEAR		58	YRS	MONTHS DA	YS HOURS	MIN
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY?	D NEVER MARRIED	9 BAI	LTIMORE CITY		TY OF DEATH		
50		MD	USA	WIDOWI		_	altimo	re C	ounty.		MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	N 12e_U	SUAL OCCUPA	TION	12K KINE	OF BUSINES	S OR
57		1655V1/12	FRANK	IN Squa	KFL Hois	L		E SIANI		34 PKKIE	-
21	130 S	TATE 136 GO	OR OTHER INSTITUTION, GIVE BESIDE	OR TOWN	134 INSIDE CITY LIMIT	TS? 13e S	LREET ADDRES	5 1/	1116	2/	
<u> 10</u>	11.5	/MD 10	ALTO TAK	KVILLE	YES NO 💍		3128 N	1/1049	ney /V	/	
13/	14. FA	COEORGE L	MEDDLE Suloc	K	15 MOTHER'S MAIDEN	17 B	US MIDDLE		. /	LAST	
1	16a V	VAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	- 1	ADD	RESS			
-		YES W	W2 213-1	2-9900	1	AMILY	RICORD.	5			
		IN CAUSE OF DEATH (Enter	only one couse per line for to	o), (b), and (c).)					APPR BETWE	OXIMATE INTERV	AL EATH
		PART I. DEATH WAS CAU	IATE CAUSE (b) Car	dio-Resi	piratory A	Arres	t				
		1991	DUE TO, OR AS A CO								
		Conditions, if ony, which			Carcinoma	+0 M	0000+0	20 21	2		
		gove rise to immediate	(b) Me Le	SLALIC					10		
		couse 101, stating the underlying couse last	DUE TO, OR AS A CO				Bowel				
					sive Gasti						
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE	TERMINALD	ISEASE OR CO	NDITION G	IVEN IN PART	10+	
	CERTIFICATION							T-10-10-10-10-10-10-10-10-10-10-10-10-10-			
2	Q V	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200	AUTOPSY?		ES, WERE FIN	DINGS USED SES OF DEATH	1?
04	TIF					YES	S NO		YES 🗌	NO 🗌	
G	Ü	210. ACCIDENT WAS UNDERLYING	110110 4 11 1101	NITH DAY YEAR	21c. HOW INJURY OC	CCURRED (E	NTER NATURE OF IN	JURY IN ITEM TO	, PART I OR PART 2	0	
1	AL	OR CONTRIBUTING CAUSE OF I	DEATH	NTH DAY YEAR							
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION						
	ME	WHILE NOT WHILE D	(AT HOME, STREET, FACTOR		STREET		CITY OR T	OWN	COUNTY	STAT	TE
		27a   certify that (this ha	route) attended the decease	ed fromAnr	7 7 2 10	79_, to	May 6		. 19. 70	_, that <b>(</b> we	a) loss
		sow the deceased alive					occurred on the	date and h			
		obove, (we) (did)	view the body ofter dea	th.				dote ond in			
		276. SIGNATURE	17		DEGREE ATTENDIN	INC MED	DICAL ST	AFF	22c. DA	TE SIGNED	
		1/20	dos		PHYSICIA		CTOR PHYS		5-6	5-79	
1		224. PHYSICIAN'S NAME (TYP		14	22e ADDRESS	195					
		ERNESTO	MENDOZ	4.	9000 Fra	ankli	n Squa	re D	rive	21237	7
	23e B	MRIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATO		LOGATION	Λ	ZOUNEY	STAFF	
	1	Jurin	5-16-79	WOODIA	ILIV		Diltol	6	180	-	
	24 FL	INERAL DIRECTOR			250.	O. DATE REC'I	D. BY REGISTRA	R 75k REST	JJ8483,5300	ALIES	
7B	1	F. EVANS	5802"	KIM 1	RI	MAY ]	T 19/9	pu	17/1	- orang	
		I IL VIAN	0002	ITAUYOV	1-4-4					_	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carban papers. Fager, I and 2 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at remaval. MPORTANT: If them 21 is marked or them 18 shows ony injury, or ather troumatic event, the medical exem

firector, page 3

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.	7	9	- 1	1	0	7	5
	_	_		_			

	Market Street												
1	1-	FOR STATE REGISTRAR			DEPARTI		EALTH ANI	MENTAL HYG DEATH	REG.	NO.	79-1	1075	
3		CEASED NAME OR PRINT)	FIRST		WIDDIE	L	AST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
9		J	OHN		IARRISON	SUI	LIVAN	.SR.	MAY 2		79	1:150	
	3. SE)	(		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS		
		MALE		WHIT		8	6	16	62	YRS			
20		RTHPLACE (STATE OR FO	REIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVEL	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
4		RYLAND		U.S.	A.	WIDOWE		ONORCED	BALTIMORE				AD.
12		TY OR TOWN OF DEA	,TH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET  S MEDICAL	ADDRESS)			(TYPE OF WORK FOR MOST	OF WORKING			ri(
	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)			13e STREET ADDRESS	_000.0			_
5		RYLAND		IMORE	13c CITY OR TOW	N	YES T	NO X	4C SADDLE		OTTRT		
		THER'S NAME		MIDOLE			15 MOTHE	R'S MAIDEN NA	ME				
30		Jose	-		ullivan		PB-9	Mary	E.		Carey	AST	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORA	AANT	ADD	RESS			
	(,	YES	WWJ		216 01 9	9430	CLINI	CAL RECO	ORDS. VAMC.	FT.	HOWARD.	MD	
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), an	d (c)					APPRO BETWEEN	XIMATE INTERVAL	-
a				E CAUSE (a)	CARDIORI	ESPIRA	TORY	ARREST			1	HOUR	
		4039		DUE TO, O	R AS A CONSEQUE							1101707770	
d		Conditions, if any,		(b)	CHRONIC	RENAL	FAIL	URE				MONTHS	_
		couse (0), stating	g the	DUE TO, O	R AS A CONSEQUE						50	VEADC	
				( Ic)	HYPPHRUUM								=
٧	NO	PART Z OTHER SIGN	AIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOI KELAI	ED TO THE TERM	INAL DISEASE OR CO	NOTITION	SIVEN IN PART I	(0)	
	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	WAS PER	ORMED	20s AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED	
×	TIF								YES NO		YES [	NO [	
9.		21a. ACCIDENT WAS UND	_	21b. TIME O	M. MONTH D	AY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF IN	BURY IN ITEM 1	8, PART T OR PART 2)		
Ġ	CAL	(IF EITHER, NOTIFY MEDICA	AL EXAMINER)	P.	M.	19							
	MEDICAL	216 INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCA STREE		CITY OR T	OWN	COUNTY	STATE	
	4	AT WORK AT WO	RK -			No. of the state o	10	70	WAY C	Val	7/0		_
П	10	220.1 certify that (X	d alive an	MAY	25. 10	MAY	19,	(aur) apinian	, ta	date and h	our and from the	, that 폾 (we) lo	151
٦		abave, (L) (we) (d	lid) (did no	view the body	offer death.		DEGREE					E SIGNED	_
ij.		Alina	0.1	1	N. 11.	1	DEONEE	ATTENDING	MEDICAL ST	AFF	- /-	5/70	
		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	and the	- W	22e ADDR	PHYSICIAN E	J DIRECTOR   PHTS	ICIAN LALA	2/6	2/ 17	-
1		AURORA C.	TAN	. M.D.			VAN	C. FORT	HOWARD, M	210	052		
1	23a B	BURIAL CREMATION			23c. 1	NAME OF C		RCREMATORY	23d. LOCATION	10		41455	=
	(5	BURTAL.		5/26/	1979 C	edar	Hill	Cem.	Brooklyr	Pk.	.A.A.C	o. Md.	
	24 FL	INERAL DIRECTOR			ADDRESS				E REC'D. BY REGISTRA				

CONCE FUNERAL HOME, 4001 RITCHIE HWY, BALTO,

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital or attending physician.

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TOTAL TOTAL TANK	9 4 5		076
		25.0.1	141414
TERROR STOTELLING			
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	100	Laura T	
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Start Co.	100		A SHOULD SHOW
ablandaring beringen	o iii yen.	PARATOR FORM	
		יולם, עססי ושיטור דיווים	dendu - point

## TO MEDICAL EXP., JANER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS PECESS. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM. 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR 70 THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRAINSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

000	REGISTRAR		7716	LDICALL	WAMILLAEK	2 CEKI IFIC	CATEO	DEAL	п	RBG.	ND.	1 1	0 1	
	CEASED NAME			MIDDLE		LAST		20	DATE I	EST1-	32.	HINOM	DAY	YEAR
		Mary		E		Suydam		115	DEATH	MATED		5		79
3. SE	emale	White	5. DATE OF BIRTH	√YEAR		MONTHS DAYS	IF UNDER 2		DATE ONOUN DEAD	CED	AA	5	7 19	79
7a. B	RTHPLACE (51 OREIGN COUNTRY) Ohio	ATE OR	76. CITIZEN OF W			ARRIED NE	VER MARRIE DIVORCE	D			_		ount	
1	Balto		325 Re	gister	Avenue	OTHER INSTITU	TION	120. USUA FOR MO HOM		ATION			26 KIND	
13a. S	AL RESIDENCE ( TATE Marylan	13b. COU	e or other institution. ( NTY. Ltimore	13c. CITY Ba	BEFORE ADMISSION) OR TOWN Lto	13d. INSIDE (	NO A	134. STREE	T ADDRE	ss este	r A	ve.		
14. F/	Albert		PMIDDLE	Hui	nter	15 MOTH	ER'S MAIDEN	NAME	M	IDDLE		Ca	st LAS	
	WAS DECEASED		RMED FORCES?		-05-1054		es H.	Suyd	am S	r. 3		Rege	ester	21 Av
	gave ris	is, if ony, whice to immedia	the DUE TO, O	OR AS A CON	scleroti SEQUENCE OF	Carar								
Z	gave ris cause (a) lying cou	is, if ony, whice to immedia stating the <u>unde</u> se lost.	the DUE TO, O	DR AS A CON	SEQUENCE OF									
ATION	gave ris cause (a) lying cou	is, if ony, whice to immedia stating the <u>unde</u> se lost.	DUE TO, O  (b)  DUE TO, O  (c)  (c)	OR AS A CON	SEQUENCE OF	OISEASE OR CONDITIO	N GIVEN IN PAR						20 AU1	OPSY?
IFICATION	gave ris cause (a) lying cou	is, if ony, whice to immedia stating the <u>unde</u> se lost.	DUE TO, O  (b)  DUE TO, O  (c)  (c)	OR AS A CON	SEQUENCE OF	OISEASE OR CONDITIO	N GIVEN IN PAR							
CALCERTIFICATION	gave ris cause (a) lying cau  PART 2 OTHER SH  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTIN	os, if ony, whice to immedia's stating the under station of the under st	DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  21b. TIME C  HOUR A.  F DEATH	OR AS A CON  THE BUT NOT RELATED THE TOTAL THE	SEQUENCE OF  SEQUENCE OF  TEO TO THE TERMINAL OF  WHICH OPERATION  DAY YEAR.	OISEASE OR CONDITION  ON WAS PERFOR	N GIVEN IN PAR MED?	T 1 (a).			M 18 PART	T 1 OR PAR	YES	OPSY?
MEDICAL CERTIFICATION	gave ris cause (a) lying coul PART 2 OTHER SH	os, if ony, whice to immedia's stating the under station of the under st	DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  21b. TIME C  HOUR A.  F DEATH  21c. PLACE	OR AS A CON  OF INJURY  M. MONTH	SEQUENCE OF  SEQUENCE OF  TEO TO THE TERMINAL OF  WHICH OPERATION  DAY YEAR  19  (AT HOME, 2)	OISEASE OF CONDITIO	N GIVEN IN PAR MED?	) (ENTER NA		IURY IN ITEA	M 18 PART	T 1 OR PAR	YES	
MEDICAL CERTIFICATION	gave ris couse (a) lying cou lying cou lying cou lying cou lying cou lying cou lying country lying country lying contributing contributing contributing lid. Injury country lying lid. Injury country lying lid. Injury country lid. Injury lid. Injur	OPERATION  L CAUSE WAS OCCURRED OCT WHILE AT WORK  by that I took cha	DUE TO, O  (b) DUE TO, O  (c)  19b. COND  21b. TIME C HOUR A. F DEATH P.  21e. PLACE STREET, FA	OR AS A CON  OR AS A CON  OR AS A CON  OF INJURY  M. MONTH  M.  E OF INJURY  ACTORY, FARM, ET	SEQUENCE OF  SEQUENCE OF  TEO TO THE TERMINAL (  WHICH OPERATIO  DAY YEAR 19 (AT HOME, 121  Ve, held on A  Suicide	OISEASE OR CONDITION  ON WAS PERFOR  TIC. HOW INJURY  TIT. LOCATION  STREET  Autopsy  Mamie	Inspection cide ,	O (ENTER NA	CITY OR TOV	WN			YES	
MEDICAL	gave ris cause (a) lying cau  PART 2 OTHER SH  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK  22a. 1 certification of the contribution	OPERATION  L CAUSE WAS OCCURRED OCT WHILE AT WORK  by that I took cha	DUE TO, O  (b) DUE TO, O  (c)  19b. COND  21b. TIME C HOUR A. F DEATH 21e PLACE STREET, FA  arge of the remains d	OR AS A CON  OR AS A CON  OR AS A CON  OF INJURY  M. MONTH  M. CTORY, FARM, ET  DESCRIBED OBO	SEQUENCE OF  SEQUENCE OF  TEO TO THE TERMINAL (  WHICH OPERATIO  DAY YEAR 19 (AT HOME, 121  Ve, held on A  Suicide	OISEASE OR CONDITION  ON WAS PERFORE  OILL HOW INJURY  OILL LOCATION  STREET  Autopsy X,  TITLE (S  M.D. Dep  ADDRESS	Inspection cide	O (ENTER NA	Inquiry mined mc  AL EXAM	WN	ond ir	coul n my opi	YES T2)	<b>X</b>

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